

JOINT PROVIDERSHIP PROGRAM

DIVISION OF CONTINUING MEDICAL EDUCATION

CME JOINT-PROVIDER (JP) ACTIVITY GUIDE & CHECKLIST

PRIOR TO THE ACTIVITY

previous activity.

INTAKE	FORM : (JP) Complete and return Intake Form to the ISMA <u>prior</u> to the planning of the activity.					
PLANNING COMMITTEE DISCLOSURES: (JP) The activity Planning Committee must complete & return to the ISMA their Disclosure of Financial Relationship Forms, along with Intake Form, prior to the first planning meeting.						
Provide	E-APPROVAL EMAIL: If approved, ISMA will send you via email a Preliminary Approval, the Joint vidership Fee Schedule, an extensive CME Application and Planning Worksheet, and a Joint Providership eement for signature by an authorized company representative.					
of the Co	NOTE: To be in compliance with ISMA's policy, the Planning Committee meeting minutes MUST reflect the Chair of the Committee directing all members who have indicated a potential conflict of interest will be recused from any discussion where there is a potential for the stated conflict to influence the content of the program.					
	SMA JOINT PROVIDERSHIP AGREEMENT: (JP) Sign and return to ISMA the Joint Providership Agreement. A fully executed copy must be on file before proceeding.					
	BMIT CME APPLICATION & PLANNING WORKSHEET: (JP) Complete and submit the ISMA CME Application lanning Worksheet no less than 3 months prior to the activity.					
Support	Supporting documentation required at time of submission:					
	Documentation that supports the practice gaps identified					
	Global program learning objectives					
	Initial planning meeting minutes					
	Projected budget for the activity					
	Preliminary program agenda listing all educational sessions, breaks and meals (including purported faculty, if known)					
	Submit all application documentation via email to Cheryl Stearley, CME Accreditation & Recognition Administrator , at csearley@ismanet.org .					
APPLICATION REVIEW BY ISMA: ISMA reviews the final CME Application & Planning Worksheet and provides feedback. Upon ISMA approval, current forms and templates will be emailed to you. ISMA forms and						

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templates sent in the approval email MUST be used; there may have been updates made to the forms since a

U	complet	tion. For all potential Conflicts of Interest (COI) identified, a designated ISMA official must manage the are and complete the ISMA COI Mitigation Form.						
	APPROVAL OF MARKETING MATERIALS: (JP) Furnish ISMA with a copy of all print and electronic marketing materials for review & approval 2 weeks prior to publishing/distributing.							
				s, including save-the-dates, brochures, flyers, website announcements, etc., must meet ISMA Guidelines and Requirements.				
		Materia	ıls sl	nould include the following elements:				
		☐ P	rogi	ram/session learning objectives				
				accreditation, designation and disclosure statements and ISMA logo use in format provided arketing Guidelines				
				owledgement of Educational Grants/Commercial Support (both financial & in-kind ibutions)				
	EDUCAT	ΓΙΟΝAL GRANTS:						
				ercial support/educational grants sought must be done so with the full knowledge of ISMA. ters of Agreement (LOA) must be signed by ALL 3 entities :				
				Joint Provider				
				ISMA as Accredited Provider				
				Commercial Supporter/Industry Partner				
□ MEETING MATERIALS:								
	Due <u>30</u>	<u>O days prior</u> to meeting						
		☐ (JP) Submit completed Disclosure of Financial Relationship Forms to ISMA for all s moderators who are participating in the activity.						
		NOTE: All potential Conflicts of Interest (COI) disclosed MUST be mitigated by ISMA before speak moderators are allowed to present.						
☐ (JP) Submit program Syllabus to ISMA for review/approval.			program Syllabus to ISMA for review/approval.					
		(JP) Sul	bmit	all speaker powerpoint presentations to ISMA for review/approval.				
	Due 2	weeks pi	<u>rior</u>	to meeting				
☐ (JP) Submit handouts to ISMA for review/approval.			handouts to ISMA for review/approval.					
		(JP) Sul	bmit	adapted Evaluation Form & CME Certificate to ISMA for final approval.				
		(JP) Sul	bmit	Pre & Post-Test Forms to ISMA for final approval (if applicable).				
		ISMA w	rill g	enerate a Disclosure Grid/Table and send to JP for inclusion in program materials				

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DURING THE ACTIVITY

		DISCLOSURE INFORMATION: (JP) Provide the Disclosure Grid in the program syllabus or handout, or you MUST show the disclosure information on the 1^{st} slide of the presentation, to be reviewed prior to start of the activity.							
		PROTECTING LEARNERS: (JP) The accredited provider <u>must not share</u> the names or contact information of learners with any ineligible company or its agents <u>without the explicit consent of the individual learner(s)</u> .							
		ACTIVITY EVALUATION FORMS & PRE/POST TESTS: (JP) Gather all Activity Evaluation Forms (and Pre/Pos Tests, if applicable).							
AFTEI	R T	THE ACT	IVITY						
		CME CERTIFICATES: (JP) Create/distribute CME certificates by email or snail mail. Credit may not be claimed until <u>after</u> learner participation in the activity.							
		(JP) Send	the following within 2 weeks of conclusion of the activity:						
			Attendance List						
			Copy of Certificates of Attendance issued						
			Program Evaluation Summary						
		(JP) Send	the following within 30 days of conclusion of the activity:						
			Pre/Post-Test Summary (if applicable)						
			Final activity budget (reflecting actual revenue & expenses, including commercial support, exhibitor fees, registration fees, etc.)						
	Tł	ne Activity	File will not be considered closed until final documentation is submitted.						
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	RI	FTAIN ALL	PROGRAM DOCUMENTATION IN YOUR FILES FOR 6 YEARS TO BE AVAILABLE FOR ISMA/ACCME						
		EVIEW:	A NOUNT POUCHEN THE TOTAL TOTA						
			Planning Committee meeting minutes						
			All Financial Disclosure forms						
			Disclosure grid						
			Final program syllabus						
			All program marketing materials						
			Summary of program evaluations (including actual onsite evaluations completed by participants)						
			Summary of Pre/Post-Test (including actual tests completed by participants – if applicable)						
			Attendance List						
			Financial Recap/Final Activity Budget						

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