

#### 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 prior 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.		
<b>PRE-APPROVAL EMAIL:</b> If approved, <b>ISMA</b> will send you via email a Preliminary Approval, the Joint Providership Fee Schedule, an extensive CME Application and Planning Worksheet, and a Joint Providership Agreement for signature by an authorized company representative.		
<b>NOTE:</b> To be in compliance with ISMA's policy, the Planning Committee meeting minutes <b>MUST</b> 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.		
<b>ISMA JOINT PROVIDERSHIP AGREEMENT: (JP)</b> Sign and return to ISMA the Joint Providership Agreement. A fully executed copy must be on file before proceeding.		
<b>SUBMIT CME APPLICATION &amp; PLANNING WORKSHEET: (JP)</b> Complete and submit the ISMA CME Application & Planning Worksheet no less than <u>3 months prior</u> to the activity.		
Supporting documentation <b>required</b> 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 <b>Cheryl Stearley</b> , <b>CME Accreditation &amp; Recognition Administrator</b> , at <a href="mailto:cstearley@ismanet.org">cstearley@ismanet.org</a> .	
	ATION REVIEW BY ISMA: ISMA reviews the final CME Application & Planning Worksheet and provides k. 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

complet	<b>SURE FORMS: (JP)</b> Send Disclosure of Financial Relationship Forms to all speakers and moderators for cion. 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.			
	ll materials, including save-the-dates, brochures, flyers, website announcements, etc., must meet ISMA Iarketing Guidelines and Requirements.			
	laterials should include the following elements:			
	☐ Program/session learning objectives			
	☐ CME accreditation, designation and disclosure statements and ISMA logo use in format provided in Marketing Guidelines			
	☐ Acknowledgement of Educational Grants/Commercial Support (both financial & in-kind contributions)			
EDUCATIONAL GRANTS:				
	ny commercial support/educational grants sought must be done so with the full knowledge of ISMA. ormal Letters of Agreement (LOA) must be signed by <b>ALL 3 entities</b> :			
	☐ Joint Provider			
	☐ ISMA as Accredited Provider			
	☐ Commercial Supporter/Industry Partner			
MEETIN	MATERIALS:			
Due 30 days prior to meeting				
	(P) Submit completed Disclosure of Financial Relationship Forms to ISMA for all speakers & noderators who are participating in the activity.			
	OTE: All potential Conflicts of Interest (COI) disclosed MUST be mitigated by ISMA before speakers/noderators are allowed to present.			
	P) Submit program Syllabus to ISMA for review/approval.			
	(P) Submit all speaker powerpoint presentations to ISMA for review/approval.			
Due 2	eks prior to meeting			
	(P) Submit handouts to ISMA for review/approval.			
	P) Submit adapted Evaluation Form & CME Certificate to ISMA for final approval.			
	(P) Submit Pre & Post-Test Forms to ISMA for final approval (if applicable).			
	<b>SMA</b> will generate a Disclosure Grid/Table and send to JP for inclusion in program materials			

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# **DURING THE ACTIVITY**

		<b>IRE INFORMATION: (JP)</b> Provide the Disclosure Grid in the program syllabus or handout, or you w the disclosure information on the 1 <sup>st</sup> slide of the presentation, to be reviewed <b>prior</b> to start of the		
	<b>ACTIVITY</b> Tests, if ap	<b>EVALUATION FORMS &amp; PRE/POST TESTS: (JP)</b> Gather all Activity Evaluation Forms (and Pre/Post-oplicable).		
FTER 1	ГНЕ АСТ	IVITY		
		<b>CIFICATES: (JP)</b> Create/distribute CME certificates by email or snail mail. Credit may not be claimed 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.)		
Tl	he Activity	File will not be considered closed until final documentation is submitted.		

## **RETAIN FOR 6 YEARS**

# RETAIN ALL PROGRAM DOCUMENTATION IN YOUR FILES FOR 6 YEARS TO BE AVAILABLE FOR ISMA/ACCME REVIEW:

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 Recan/Final Activity Budget

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