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CME Application Process Overview

ACEP Category I
- Meeting
- Enduring Materials
- Retroactive
- Series

Chapter General Application Form 1
- Chapter Joint Sponsorship

NER Involvement
- Chapter
- 3rd Party

Meetings Form 2
Enduring Materials Form 2b
Form 3
Meetings Form 2
Enduring Materials Form 2B
What's the difference between AMA Category 1 credit and ACEP Category I credit?
AMA credit is given for CME activities across the broad range of medicine; ACEP credit is granted for emergency medicine CME.

Who can provide AMA Category 1 credit?
Only an organization accredited by the ACCME can grant AMA credit.

Who or what is the ACCME?
The Accreditation Council for Continuing Medical Education accredits institutions and organizations that sponsor continuing medical education for physicians. Refer to Tab 2 for more details.

Can ACEP provide AMA Category 1 credit?
Yes, because it is ACCME-accredited. ACEP grants AMA credit for its own educational programs and to its state chapters on a joint sponsorship approval basis.

Who can grant ACEP Category I credit?
Only ACEP.

Will ACEP grant ACEP Category I credit to programs without AMA credit?
No, ACEP will only review and approve programs that already have AMA credit or are jointly sponsored by ACEP.

What is joint sponsorship?
When ACEP can grant both AMA and ACEP credit for its state chapters’ educational programs. Refer to Tabs 14, 15, and 16 for joint sponsorship guidelines. Requires submission/approval of Joint Sponsorship General Application (Form 1) every three years.

Why does a chapter need CME credit from national ACEP?
ACEP’s state chapters are not currently ACCME-accredited (except for Florida); and national ACEP is willing to grant AMA/ACEP credit to those qualifying chapters who agree to comply with joint sponsorship guidelines.

Can a chapter get AMA credit from another ACCME-accredited organization besides ACEP?
Yes, and then the chapter could apply to ACEP for just ACEP Category I credit.

What’s the advantage of offering ACEP Category I credit?
Refer to Tab 2, Introduction.
What are the application fees for ACEP credit?
$175 – Educational programs with AMA credit
$175 – Jointly sponsored chapter meetings
$375 – Jointly sponsored chapter and third party meetings
$250 – for every 5-hour increment of requested CME hours for enduring materials

What’s the definition of a third party?
Refer to Tab 15, Joint Sponsorship with Chapter and Third Party.

What are the 10% monies due to national ACEP from chapters on third party jointly sponsored programs?
Effective January 1, 1997 state chapters pay national ACEP a fee of 10% of any gross proceeds/revenue that state chapters may receive from third party CME activity in return for national ACEP’s joint sponsorship of a chapter and third party CME program/material. This payment is due within 60 days following each course offering (or each quarter of an enduring material program) of the chapter and third party CME program.

What’s the difference between a Form 1, Form 2, and Form 3?
- Form 1: the 3-year request for joint sponsorship agreement between chapter and national ACEP (see Tab 14 for details and Tab 17 for sample)
- Form 2: joint sponsorship application for chapter (see Tab 14)
- Form 3: 3rd party application (submit in addition to joint sponsorship application for all 3rd party programs) (see Tab 15)

What is retroactive credit?
Available only to ACEP members attending a scientific meeting with AMA or AOA credit (not available for home study programs) and who would like to receive ACEP credit. Refer to Tab 10.

What is the current credit statement for jointly sponsored programs?
Refer to Tab 14.

Why does the credit statement change?
To maintain compliance with ACCME guidelines and ACEP policy.

How can needs assessment be determined?
Survey of target audience, self-assessment, patient care audit, peer review, mortality/morbidity statistics, faculty perception, consensus of experts in a particular field, or other method such as a search of current literature.

Why are learning objectives important?
The ACCME states: “. . . to provide prospective participants with a realistic understanding of the nature and purposes of the CME activity . . . to select educational activities which meet their needs.”

How should learning objectives be best stated?
Refer to Tab 14, Tips for Writing Learning Objectives.
**Are commercial exhibits at meetings considered commercial support?**
Commercial exhibits at educational events are an important source of income for sponsors. However, since exhibits are usually solicited by the sponsor and is an arrangement for which the company receives something tangible in return, the relationship is not the same as an unrestricted educational grant from a commercial supporter. ACCME Standards require that a grant in support of an educational portion of the activity must not be contingent upon permission for an exhibit.

**When can a meeting be listed in the Calendar section of Annals of Emergency Medicine?**
The application for credit must be received at least seven weeks before the first day of the month in which the program is being offered. Copy is submitted to ACEP’s publisher, Mosby, prior to the 15th of each month. For example, in order to get a meeting listed in the June issue of Annals of Emergency Medicine, national ACEP must have begun processing the application by April 10.

**What portions of a meeting do not count as CME?**
Anything that does not offer CME content will not be included in the determination of CME hours. Lunches, breaks, and registration do not count as CME. Any welcome or introductory speeches without stated learning objectives will not be counted. Q & A sessions, Discussion Groups, Roundtable Events, and the like must have specific objectives listed in order to be eligible for credit.

**Can CME hours be “rounded up”?**
Yes but only in the following instance; if you have a minimum of 50 minutes of education you can round up to 1 hour.

**What should a chapter do if it cannot get in touch with its assigned National Education Representative for initial planning and development of a jointly sponsored program?**
Call the CME Approval Coordinator who will then refer the chapter to another physician reviewer. National Education Representatives are asked to respond within 72 hours of a chapter’s request for a meeting to discuss initial planning and development of a jointly sponsored program. National Education Representatives are also asked to notify national ACEP if they plan to be “out-of-pocket” for more than five days, or on vacation. At that time, national ACEP will notify the respective chapters.

**When contacting the National Education Representative for initial planning and development of a jointly sponsored program, what topics should the chapter be prepared to discuss?**
Relevance to emergency medicine, educational content, teaching methodologies/formats, needs assessment, target audience, learning objectives, faculty, evaluation mechanisms, joint sponsorship guidelines, and any possible third party relationship. Refer to Tab 17, NER Meeting Prep Checklist.

**What does ACEP look for when approving jointly sponsored promotional pieces?**
Refer to Tab 14, Joint Sponsorship with Chapters. Briefly, brochures must contain proper sponsor acknowledgement, credit statement, target audience, learning objectives, and disclosure statement.

**For jointly sponsored programs, what post-course documents are needed?**
Refer to Tab 14.
FREQUENTLY ASKED QUESTIONS

**What is a faculty/author conflict of interest?**
Any financial relationship between the faculty and/or their families and a commercial entity that may profit from the practice of emergency medicine. Refer to Tabs 5 and 14.

**How should any conflicts of interest be made known?**
ACCME guidelines and ACEP policy state that verbal disclosure alone is no longer sufficient in relating a conflict of interest. Refer to Tabs 5 and 14.

**If there are repeat offerings of a third party jointly sponsored meeting within a year’s approval period, does the required on-site evaluator (an appointed chapter representative) need to be present for each meeting?**
Yes, in adhering to ACCME Standards and ACEP policy, all offerings should be monitored; however, the appointed chapter representative can be a different designee for the various offerings.

**How long does a chapter need to keep jointly sponsored program records?**
Chapters must retain attendance records at least six years and other essential documentation for jointly sponsored program files for a minimum of four years.

**Why does AMA use Category “1” and ACEP uses Category “I”?**
The most frequently asked question! To further confuse you and complicate credit statements? No! ACEP decided to use the Roman numeral version versus the AMA’s Arabic version to differentiate ACEP Category I from AMA Category 1.

Remember, if you have any questions regarding ACEP Category I credit applications or joint sponsorship, please call the CME Approval Coordinator at national ACEP at 800-798-1822, ext. 3292

12/2008
Historical Background

Continuing medical education (CME) has been an important aspect of the philosophy of the American College of Emergency Physicians (ACEP) from the earliest days of its organization to the present. In 1973 the College established a requirement that members must complete 150 hours of emergency medicine postgraduate education every three years.

By 1975 it had become clear that ACEP needed a mechanism which could ensure that members were pursuing continuing medical education in emergency medicine and that this education met some set of standards ensuring its excellence. To ensure there is quality education available, ACEP offers a wide range of clinical and management topics in a variety of formats: courses, publications, and videotapes. ACEP is able to offer its members American Medical Association (AMA) Category I credit by being accredited by the Accreditation Council for Continuing Medical Education (ACCME). To this end, an ad-hoc committee was established which developed the categorization scheme and the review process for its members, which is described in Tab 6, ACEP Member CME Requirements.

The primary difference between AMA Category I credit and ACEP Category I credit is that the AMA accepts educational activities across the broad range of medicine, while ACEP accepts only activities related to those aspects of medicine which are directly focused to the needs of emergency physicians. Only ACEP can grant ACEP Category I credit and then only to those programs that already have AMA credit or are jointly sponsored by ACEP.

The ACCME and Its Role

The purpose of the ACME is to accredit institutions and organizations that sponsor continuing medical education for physicians. It is an independent body in operation since 1981 and accredits national CME sponsors and recognizes state medical societies as local accrediting agencies. The ACCME has seven member organizations: the American Board of Medical Specialties, American Hospital Association, AMA, Association of American Medical Colleges, Associations for Hospital Medical Education, Council of Medical Specialty Societies, and Federation of State Medical Boards. The ACCME CME accreditation and recognition system is critical to quality CME programming. The purpose of the ACCME accreditation process is to assure physicians and the public that CME activities have been planned and implemented by a sponsor that has met the accepted CME standards. All accredited bodies (such as ACEP) must strictly adhere to and maintain compliance with the ACCME Essential Areas and their related Elements and Policies. Read these guidelines under Tab 3 of this handbook. Only an organization accredited by the ACCME can grant AMA Category I credit.

Value of ACEP Category I Credit

ACEP Category I credit is reserved for meritorious programs pertaining to emergency medicine which have been reviewed by ACEP. By providing a degree of quality assurance for emergency physicians, ACEP Category I credit approval can actually encourage registration. The review system for ACEP Category I credit provides an added value by assisting program planners in improving the clinical content and educational design. All programs are reviewed by practicing emergency physicians. Offering ACEP Category I credit for program or only enhance the educational all those in emergency medicine.
INTRODUCTION

ACEP's CME MISSION STATEMENT

ACEP's educational program exists to promulgate the principles of quality emergency care and to support the educational needs of its members and other health care professionals.

Goals of Overall CME Program

ACEP was founded in part because of a need for education in the evaluation and treatment of emergency conditions.

ACEP is committed to providing high-quality continuing medical education services in order to enhance patient care. These services consist of educational materials and programs that are intended to meet the educational needs of emergency physicians and other health care professionals in both clinical and practice management areas of emergency medicine.

Specific CME program goals are to:

- Disseminate current information regarding the unique body of knowledge that is embodied in the principles and practice of emergency medicine.
- Meet the professional needs of emergency physicians and other health care professionals who practice in or interface with the field of emergency medicine.
- Support and foster research in emergency medicine.
- Promulgate clinical care and emergency medical services (EMS) guidelines and policies.
- Provide information on practice management and health policy issues to assist emergency physicians to practice in a fair, equitable and supportive environment.
- Provide information to create awareness of interventions to prevent disease and injury that lead to emergency department visits.
- Ensure that programs for ACEP CME credit are available to assist members in fulfilling professional CME requirements including ACEP's established requirements.

Scope

The scope of the content for the College’s CME program is determined by the Core Content for Emergency Medicine. Developed by ACEP, the American Board of Emergency Medicine (ABEM) and the Society for Academic Emergency Medicine (SAEM), it defines the minimum scope of emergency medicine practice and also serves as a guideline for residency training; in addition, it outlines a minimum or core knowledge content. The scope includes emerging professional needs as identified by needs assessment data and the changing environment.

Audience

The primary audience is both member and nonmember emergency physicians. The audience consists of board-certified and non-board-certified physicians in North America. There is a limited international participation.

Secondary audiences for ACEP programs include physicians in other specialties who may be faced with emergencies, nurses, nurse practitioners, physician assistants, prehospital personnel and some non-physician personnel such as administrators or billing staff.

Recognizing that ED management requires the integrated efforts of physicians, nurses and administrators, ACEP offers management courses for all parties interested or involved in this area.

Activities and Services

Conferences:

ACEP offers a variety of educational conferences covering clinical practice, practice management, research and EMS topics. The conferences use a variety of instructional techniques including lecture, case studies, role-playing, hands-on skills laboratories and demonstrations.
Publications and Programs:

ACEP also provides homestudy programs and a self-assessment exam for CME credit. Videotapes, teleconferencing and computer-based programs are also included.

The majority of the College's publications are available for self-directed learning and not CME Category I credit. The College currently publishes books and manuals on a wide range of topics.

Services:

ACEP reviews programs developed by other organizations for ACEP credit. To be approved for ACEP Category I credit, the programs must have AMA Category I credit and be relevant to emergency medicine. This service gives the membership a broader array and number of courses that can be used to fulfill ACEP's educational requirements for membership.

Reference:


Approved by the ACEP Board of Directors
January 11, 1996
The ACCME developed and distributed their new system of accreditation (System98) to be first used by providers in July 2000. Included in this section is a copy of the new Essential Areas and their Elements. The Standards for Commercial Support are covered under Tab 4, and the related new Accreditation Policies are under Tab 5. The ACCME’s accreditation requirements are designed to serve as a framework for planning and implementing quality CME for physicians. Although portions of the accreditation system were revised, the primary mission of the ACCME has remained the same.

I. The ACCME’s Essential Areas and Their Elements
THE ACCME'S ESSENTIAL AREAS AND THEIR ELEMENTS

ESSENTIAL AREA 1: PURPOSE AND MISSION

The provider must,

Element 1 Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.

ESSENTIAL AREA 2: EDUCATIONAL PLANNING

The provider must,

Element 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.
Element 2.2 Use needs assessment data to plan CME activities.
Element 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.
Element 3.3 Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.

[NOTE: The ACCME's policies for disclosure and commercial support are articulated in: (1) *The Standards For Commercial Support: Standards to Ensure Independence in CME Activities*, as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All materials can be found on www.accme.org.]

Essential Area 3: Evaluation and Improvement

The provider must,

Element 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.
Element 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.

COMPLIANCE WITH THE FOLLOWING WILL BE DETERMINED AT PRE APPLICATION AND, AS REQUIRED, DURING THE PROVIDER'S TERM OF ACCREDITATION ADMINISTRATION

The provider must,

Element 3.1 Have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists

Element 3.2 The provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.
# 2006 Updated Decision-Making Criteria Relevant to the Essential Areas and Elements

Measurement criteria have been established for the Elements of the Essential Areas. If a provider meets the criteria for the Elements within the Essential Area, the provider will be deemed to be ‘In Compliance.’

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<thead>
<tr>
<th>Essential Area and Element(s)</th>
<th>Criteria for Compliance</th>
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<td><strong>Essential Area 1:</strong> Purpose and Mission</td>
<td>C 1 The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.</td>
</tr>
<tr>
<td>The provider must, E 1 Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.</td>
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<td><strong>Essential Area 2:</strong> Educational Planning</td>
<td>C 2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</td>
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<tr>
<td>The provider must, E 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities. E 2.2 Use needs assessment data to plan CME activities. E 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity. E 3.3 Present CME activities in compliance with the ACCME’s policies for disclosure and commercial support.</td>
<td>C 3 The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. C 4 The provider generates activities/educational interventions around content that matches the learners’ current or potential scope of professional activities. C 5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity. C 6 The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies). C 7 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6). C 8 The provider appropriately manages commercial support (if applicable, SCS 3). C 9 The provider maintains a separation of promotion from education (SCS 4). C 10 The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</td>
</tr>
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</table>

[Note: Regarding E 3.3 and C 7 to C10 - The ACCME’s policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All these materials can be found on www.accme.org.]
Essential Area 3: Evaluation and Improvement

**E 2.4** Evaluate the effectiveness of its CME activities in meeting identified educational needs.

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<thead>
<tr>
<th>Essential Area and Element(s)</th>
<th>Criteria for Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider must, <strong>E 2.4</strong> Evaluate the effectiveness of its CME activities in meeting identified educational needs. <strong>E 2.5</strong> Evaluate the effectiveness of its overall CME program and make improvements to the program.</td>
<td>C 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions. C 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions. C 13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. C 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider’s ability to meet the CME mission, are underway or completed. C 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider’s ability to meet the CME mission, are measured.</td>
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**Level of Accreditation**

**Provisional Accreditation** requires compliance with Criteria 1 to 3 and 7 to 12. The criteria required for Provisional Accreditation are listed on pages 2-3 in black.

**Continued Accreditation** requires compliance with Criteria 1 to 3 and 7 to 12 (Provisional Accreditation) plus six additional criteria; Criteria 4 to 6 and 13 to 15. The additional criteria for Accreditation are listed on pages 2-3 in green.

**Accreditation with Commendation** requires compliance with Criteria 1 to 15 (Continued Accreditation) plus seven additional criteria; Criteria 16 to 22. The additional criteria for Accreditation with Commendation are listed above in blue.

ACCME® Essential Areas and Elements
Page 3 of 5
17_20080324
THE ACCME STANDARDS FOR COMMERCIAL SUPPORT™
Standards to Ensure Independence in CME Activities

STANDARD 1: INDEPENDENCE
1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a ‘commercial interest’ and some exemptions.)
   (a) Identification of CME needs;
   (b) Determination of educational objectives;
   (c) Selection and presentation of content;
   (d) Selection of all persons and organizations that will be in a position to control the content of the CME;
   (e) Selection of educational methods;
   (f) Evaluation of the activity.
1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

STANDARD 2: Resolution of Personal Conflicts of Interest
2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “relevant” financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.
2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

STANDARD 3: Appropriate Use of Commercial Support
3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.
3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support
3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a joint sponsor.
3.5 The written agreement must specify the commercial interest that is the source of commercial support.
3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME
3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider’s written policies and procedures.
3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners
3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.
3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support. *

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

  - For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
  - For computer based, advertisements and promotional materials will not be visible on the screen of the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content.
  - For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks'.
  - For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities. *

STANDARD 5. Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.*

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:
  - The name of the individual;
  - The name of the commercial interest(s);
  - The nature of the relationship the person has with each commercial interest.

6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CME activity.

6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.

6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity. *
Included in this section are the ACCME’s new Standards for Commercial Support. The primary change is the substitution of the word “sponsor” with “provider”. Also, refer to Tab 5 which includes a Commercial Support Policy that lists some recent additions.

I.

ACCME Standards for Commercial Support

II.

Sample Letter of Agreement for Educational Grant from Commercial Supporter
ACCME STANDARDS
FOR COMMERCIAL
SUPPORT SM

Standards to Ensure the
Independence of CME
Activities
The ACCME Standards for Commercial Support℠
Standards to Ensure Independence in CME Activities

STANDARD 1: Independence
1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a ‘commercial interest’ and some exemptions.)
(a) Identification of CME needs;
(b) Determination of educational objectives;
(c) Selection and presentation of content;
(d) Selection of all persons and organizations that will be in a position to control the content of the CME;
(e) Selection of educational methods;
(f) Evaluation of the activity.
1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.*

STANDARD 2: Resolution of Personal Conflicts of Interest
2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.
2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.*

STANDARD 3: Appropriate Use of Commercial Support
3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.
3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support
3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a joint sponsor.
3.5 The written agreement must specify the commercial interest that is the source of commercial support.
3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME
3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider’s written policies and procedures.
3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners
3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.
3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support. 

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content.
- For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5. Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CME activity

6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.

6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.
LETTER OF AGREEMENT
Regarding Terms, Conditions and Purposes of an Educational Grant
(Form must be typed or printed legibly)

between ________________________________ Chapter of American College of Emergency Physicians (ACEP)

and ____________________________________________ (company)

Title of CME Activity ____________________________

Location ____________________________________________ Date(s) ____________________________

Commercial Supporter (Company name/Branch) ____________________________

Address ____________________________________________

City, State, ZIP ____________________________________________

Contact Person ____________________________ Telephone ____________________________ Email ____________________________

The above company wishes to provide support for the named continuing medical education activity by means of (Indicate which option):

1. Unrestricted educational grant for support of the CME activity in the amount of $ ___________________

2. Restricted grant in the amount of $ ___________________ to reimburse expenses for:

Support for catering functions (specify) ____________________________________________ in the amount of $ ___________________

Other (e.g., equipment loan, meeting supplies, etc.) ____________________________________________

CONDITIONS

1. Statement of Purpose: The program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.

2. Control of Content and Selection of Presenters & Moderators: The sponsor is ultimately responsible for control of content and selection of presenters and moderators. The company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. The company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and will provide this information in writing to sponsor. The sponsor will record role of company, or its agents, in suggesting presenters(s); will seek suggestions from other sources, and will make selection of presenters(s) based on balance and independence.

3. Disclosure of Financial Relationships: The sponsor will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.

4. Involvement in Content: There will be no "scripting", emphasis, or influence on content by the company or its agents.

5. Ancillary Promotional Activities: No promotional activities will be permitted in the same room immediately preceding or
following the program or obligate path as the educational activity. No product advertisements will be permitted in the program room.

6. Objectivity & Balance: The sponsor will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.

7. Limitations of Data: The sponsor will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.

8. Discussion of Unapproved Uses: The sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.

9. Opportunities for Debate: The sponsor will ensure opportunities for questioning or scientific debate.

10. Independence of Sponsor in the use of Contributed Funds:
   a. funds should be in the form of an educational grant made payable to the American College of Emergency Physicians.
   b. all other support associated with this CME activity (e.g., preparing slides) must be given with the full knowledge and approval of the American College of Emergency Physicians.
   c. no other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education.

The Accredited sponsor agrees to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education, 2) acknowledge educational support from the commercial company in program brochures, syllabi, or other program materials, and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

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**AGREED**

Company: ________________________________ Company Representative: (name) ________________________________

Signature __________________________________ Date ________________________________

Chapter Executive: (name): ________________________________ Date ________________________________

Chapter Executive: (signature) ________________________________ Date ________________________________

Third Party (if applicable): ________________________________ Name: ________________________________

Signature: ________________________________ Date ________________________________

ACEP Manager, Accreditation and International Relations or Designee (name): ________________________________

Signature: ________________________________ Date ________________________________
The ACCME’s Accreditation Policy Compendium replaces the policies used before System98. This section of ACEP’s CME Handbook includes only those ACCME policies that are relevant to ACEP’s state chapters when jointly sponsoring CME activities. These policies are the ones with which the ACCME will expect accredited providers to be familiar and comply. A large number of policies were rescinded when System98 was adopted.

I. ACCME Accreditation Policies

II. ACEP Policy for Resolving Conflicts of Interest in CME Activities

III. ACCME Managing Conflicts of Interest

IV. Disclosure Form Samples
   a) Sample Faculty Disclosure Form
   b) Sample Course/Meeting Conflict of Interest document
   c) Sample syllabi cover sheet – with both no significant financial relationships to disclose and financial relationships to disclose
   d) Sample Course/Meeting Schedule Disclosure

Note: Faculty disclosure forms must be obtained for all planners, faculty, and/or authors.

V. Outcome Measures
ACCME® Accreditation Policies
Including Information for Provider Implementation

ACCME policies supplement the Essential Areas and Elements, and result from actions taken by ACCME’s Board of Directors. Board actions are based on a review and discussion of relevant research as well as feedback obtained from multiple constituents, including accredited providers.

ACCME has organized its accreditation policies according to topic, and has presented them in a format that is intended to assist providers in understanding the policies themselves, as well as ACCME’s expectations for their implementation. If you have questions regarding ACCME’s accreditation policies, please contact us.

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Accreditation Statement

The accreditation statement identifies which ACCME accredited organization is responsible for demonstrating the CME activity’s compliance with all ACCME Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included.

The ACCME accreditation statement is as follows:

For directly sponsored activities: “The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.”

For jointly sponsored activities: “This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.”

There is no "co-sponsorship" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-sponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity. ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME accredited providers in their CME activities.

CME Content

ACCME’s definition of CME describes what content is acceptable for activities that are certified for credit:

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational
methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME.

CME that discusses issues related to coding and reimbursement in a medical practice falls within ACCME's definition of CME.

New All CME educational activities developed and presented by a provider accredited by the ACCME system and associated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all ACCME accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the ACCME accreditation process as verification of fulfillment of the ACCME accreditation requirements. (Effective immediately.)

Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.

Content Validation

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
Commercial Support and Disclosure

These policies and definitions supplement the 2004 updated ACCME Standards for Commercial SupportSM: Standards to Ensure the Independence of CME Activities ("SCS").

Relevant to SCS1 (Ensuring Independence in Planning CME Activities):

- A ‘commercial interest’ is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for ACCME accreditation. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes

ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

ACCME’s Definition of a Commercial Interest as It Relates to Joint Sponsorship

In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME,
selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

The ACCME’s deadline of August 2009 is the date by which ACCME will hold accredited providers accountable to the August 2007 revised definition of commercial interests. The ACCME has given accredited providers that might be affected by the revised definition of commercial interest these two years (August 2009) to modify their corporate structures so that the CME component of their organization will be an independent entity.

This timeline would also apply for organizations involved in joint sponsorship. After August 2009, accredited providers will not be able to work in joint sponsorship with non-accredited providers that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients.

If an accredited provider has questions related to its own corporate structure or that of a joint sponsor in the context of the definition of commercial interest, please contact the ACCME at mkopelowmd@accme.org.

Non-accredited providers wanting clarification of their status or eligibility as joint sponsors can also contact ACCME at postmaster@accme.org for information in this regard.

For additional information about types of organizations that are eligible for ACCME accreditation, see: Determining Your Eligibility for Accreditation.

Relevant to SCS2 (Identifying and Resolving Conflicts of Interest):

**Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. *(added March 2005)*

With respect to personal **financial relationships**, ‘contracted research’ includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant. *(added November 2004)*

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. *(added March 2005)*

The ACCME considers **financial relationships** to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers “content of CME about the products or services of that
commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used. *(added November 2004)*

With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months. *(added November 2004)*

**Relevant to SCS3 (Appropriate Use of Commercial Support)**

**Commercial Support** is financial, or in-kind, contributions given by a commercial interest (see Policies relevant to SCS1), which is used to pay all or part of the costs of a CME activity.

*New* An accredited provider can fulfill the expectations of SCS 3.4-3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive. *(Effective immediately.)*

*New* A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACCME’s Elements, Policies and Standards. *(Effective January 1, 2008.)*

Element 3.12 of the ACCME’s Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States. *(added November 2004)*

**Relevant to SCS4 (Appropriate Management of Commercial Promotion)**

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be ‘commercial support’. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

**Relevant to SCS6 (Disclosure to Learners)**

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply ACCME with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
a) that verbal disclosure did occur; and
b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).

2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

The provider’s acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

**Enduring Materials**

An enduring material is a non-live CME activity that "endures" over time. It is most typically a videotape, monograph, or CD Rom. Enduring materials can also be delivered via the Internet. The learning experience by the physician can take place at any time in any place, rather than only at one time, and one place, like a live CME activity.

Enduring materials must comply with all ACCME Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. However, there are special communication requirements for enduring materials because of the nature of the activities. Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. Principal faculty and their credentials;
2. Medium or combination of media used;
3. Method of physician participation in the learning process;
4. Estimated time to complete the educational activity (same as number of designated credit hours);
5. Dates of original release and most recent review or update; and
6. Termination date (date after which enduring material is no longer certified for credit).

For CME activities including those in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required ACCME information must be transmitted to the learner prior to the learner beginning the CME activity (also see ACCME’s policies regarding disclosure in the Standards for Commercial Support). All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be certified for credit for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That
review date must be included on the enduring material, along with the original release date and a termination date.

Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.

ACCME policy does not require ‘post-tests’ for enduring materials. ACCME records retention policies do, however, require participants to verify learner participation and evaluate all CME activities. So, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all ACCME requirements, and the enduring material activity must comply additionally with all ACCME policies that relate specifically to enduring materials.

Fees

ACCME accredited providers are accountable for timely submission of fees that are required either to attain or maintain accreditation. ACCME’s Accreditation Fee Schedule lists current fees, and describes all related policies. View a copy of ACCME’s current Accreditation Fee Schedule.

Internet CME

Live or enduring material activities that are provided via the Internet are considered to be “Internet CME.” Internet CME must comply with all ACCME Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. However, there are special requirements for Internet CME because of the nature of the activities:

New Activity Location: ACCME accredited providers may not place their CME activities on a website owned or controlled by a ‘commercial interest.’

Links to Product Websites: With clear notification that the learner is leaving the educational website, links from the website of an ACCME accredited provider to pharmaceutical and device manufacturers’ product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.

New Transmission of information: For CME activities in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required ACCME information must be transmitted to the learner prior to the learner beginning the CME activity. All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.
Advertising: Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content.

Hardware/Software Requirements: The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

Provider Contact Information: The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

Policy on Privacy and Confidentiality: The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.

Copyright: The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

Joint Sponsorship

Note - The revised language below no longer includes the words ‘partnership’ and ‘partners’ to lessen the likelihood that a ‘joint sponsorship’ relationship would be inferred to be an actual legal partnership – which is something unintended by the ACCME. (June 2005)

ACCME accredited providers that plan and present one or more activities with non-ACCME accredited providers are engaging in “joint sponsorship.”

The ACCME expects all CME activities to be in compliance with the Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. In cases of joint sponsorship, it is the ACCME accredited provider’s responsibility to be able to demonstrate through written documentation this compliance to the ACCME. Materials submitted that demonstrate compliance may be from either the ACCME accredited provider’s files or those of the non-accredited provider.

Note that if a jointly sponsored activity is found to be in Non-Compliance with ACCME’s content validation policies or policies for disclosure and commercial support, the accredited provider in the relationship may be asked to provide one or more Monitoring Progress Reports related to the issue. Similarly, special requirements exist for accredited providers that jointly-sponsor activities with non-accredited organizations that have a history of joint-sponsoring activities that do not comply with ACCME’s content validation policies or policies for disclosure and commercial support. See Measuring Continuous Compliance through ACCME Monitoring for additional information.
The accredited provider must inform the learner of the joint sponsorship relationship through the use of the appropriate accreditation statement. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.

All ACCME accredited providers that choose to initiate joint sponsorship subsequent to achieving accreditation must notify the ACCME of their intention to do so. This will assist the ACCME in ensuring that all activity formats are identified and reviewed at the time of reaccreditation.

If a provider is placed on probation, it may not jointly sponsor CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the probation decision. A provider that is placed on probation must inform the ACCME of all existing joint sponsorship relationships, and must notify its current contracted joint sponsors of its probationary status.

The ACCME maintains no policy that requires or precludes accredited providers from charging a joint sponsorship fee.

**ACCME’s Definition of a Commercial Interest as It Relates to Joint Sponsorship**

In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

The ACCME’s deadline of August 2009 is the date by which ACCME will hold accredited providers accountable to the August 2007 revised definition of commercial interests. The ACCME has given accredited providers that might be affected by the revised definition of commercial interest these two years (August 2009) to modify their corporate structures so that the CME component of their organization will be an independent entity.

This timeline would also apply for organizations involved in joint sponsorship. After August 2009, accredited providers will not be able to work in joint sponsorship with non-accredited providers that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients.

If an accredited provider has questions related to its own corporate structure or that of a joint sponsor in the context of the definition of commercial interest, please contact the ACCME at mkopelowmd@accme.org.
Non-accredited providers wanting clarification of their status or eligibility as joint sponsors can also contact ACCME at postmaster@accme.org for information in this regard.

**Journal CME**

A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

The ACCME considers information required to be communicated before an activity (e.g., disclosure information, disclosure of commercial support, objectives), CME content (e.g., articles, lectures, handouts, and slide copies), content-specific post-tests, and education evaluation all to be elements of a journal-based CME activity.

The educational content of journal CME must be within the ACCME's Definition of CME.

Journal CME activities must comply with all ACCME Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. Because of the nature of the activity, there are two additional requirements that journal CME must meet:

1. The ACCME does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.

2. None of the elements of journal-based CME can contain any advertising or product group messages of “commercial interests.” Disclosure information cannot contain trade names. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

**Logo – Press Releases**

ACCME and the ACCME logo are service marks of the Accreditation Council for Continuing Medical Education. These service marks may be used publicly only with the permission of ACCME.

ACCME accredited providers, ACCME recognized state medical societies, and intrastate accredited providers have permission to use the ACCME logo for educational and identification purposes. ACCME accredited providers may also use the logo in announcements related to their attainment of ACCME accreditation.

The logo can only be used in conjunction with, and in proximity to, the ACCME Accreditation Statement, as demonstrated in the examples of usage provided below.
The ACCME logo cannot be used in notices, advertising, or promotion of activities or providers, other than in association with the ACCME Accreditation Statement.

Downloads:

Examples of use:
ACCME Logo - Dark Blue with White Type
ACCME Logo - Light Blue with Black Type

Logo files:
ACCME Logo (B/W)
ACCME Logo (Blue)

For providers that would like to distribute a press release announcing their success in obtaining either initial or continued ACCME accreditation, the following language may be used for that purpose only:

“FOR IMMEDIATE RELEASE
The . . . has been (re)surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded accreditation for . . . years as a provider of continuing medical education for physicians.

ACCME accreditation seeks to assure both physicians and the public that continuing medical education activities provided by . . . meet the high standards of the Essential Areas, Elements and Policies for Accreditation as specified by the ACCME. The ACCME rigorously evaluates the overall continuing medical education programs of institutions according to standards adopted by all seven sponsoring organizations of the ACCME. These are: the American Board of Medical Specialties; the American Hospital Association; the American Medical Association; the Association for Hospital Medical Education; the Association of American Medical Colleges; the Council of Medical Specialty Societies; and the Federation of State Medical Boards of the U.S., Inc. “

Records Retention

Specific CME activity records must be maintained by all accredited providers. Records retention requirements relate to the following two topics: Attendance Records and Activity Documentation.

1. Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ACCME does not require sign-in sheets.

2. Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer. Maintenance of this documentation enables the provider to, at the time of re-accreditation, show ACCME how the activities it provided during its current
term of accreditation were compliant with all ACCME Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. For guidance on the nature of documentation that ACCME will expect to review at the time of reaccreditation, peruse the ACCME’s Documentation Review for a CME Activity that accreditation surveyors use, as well as the Documentation Review Form Labels, which providers use to identify evidence of compliance within their files/records.

Additionally, if ACCME receives a complaint about an accredited provider, and the complaint relates to the provider’s implementation of one or more ACCME Essential Areas or Elements or Accreditation Policies, ACCME may ask the provider to respond to the complaint according to ACCME’s Procedure for Handling Complaints/Inquiries Regarding ACCME Accredited Providers (“the Procedure”). The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the ACCME is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question. Information and correspondence generated via the Procedure is maintained as confidential.

Regularly Scheduled Conferences (RSC's)

ACCME defines “regularly scheduled conferences”, as weekly or monthly CME activities that are primarily planned by and presented to the provider’s professional staff. Providers that furnish these types of activities must describe and verify that they have a system in place monitor these activities’ compliance with ACCME Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. The monitoring system must:

1. Be based on real performance data and information derived from the RSCs that describes compliance (in support of ACCME Elements 2.1, 2.5 and 3.1 – 3.3), and

2. Result in improvements when called for by this compliance data (in support of ACCME Elements 2.4, 2.5 and 3.1), and

3. Ensure that appropriate ACCME Letters of Agreement are in place whenever funds are contributed in support of CME (in support of ACCME Element 3.3).

Also, the provider is required to make available and accessible to the learners a system through which data and information on a learner’s participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. The ACCME limits the provider’s responsibility in this regard to “access, availability and retrieval.” Learners are free to choose not to use this available and accessible system.
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Policy for Resolving Conflicts of Interest in CME Activities

The Accreditation Council for Continuing Medical Education (ACCME) is the certifying body that accredits organizations to be providers of AMA Category 1 credit. The ACCME Standards for Commercial Support requires all accredited providers to establish a mechanism to identify and resolve all conflicts of interest prior to an educational activity being delivered to learners.

ACEP’s disclosure policy requires mandatory disclosure by faculty and authors participating in CME activities. Faculty/authors must disclose the existence of significant financial interests in or relationships with manufacturers of commercial products within the prior 12 months that may have a direct interest in the subject matter of the presentation will be communicated to the learners prior to their participation in the CME activity.

To resolve faculty/author conflicts of interest, ACEP first will conduct a screening process to identify faculty/authors with no known commercial interests that may result in conflict of interest or bias, whenever possible.

When a faculty member or author discloses the existence of a financial relationship or conflict of interest that is deemed substantial, the Education Committee will discuss whether it is necessary to replace the faculty member or author with one of similar credentials, or a representative of the Education Committee will initiate a discussion with the faculty member/author to review the policy and explain ACEP’s expectations to prevent bias in the educational activity. The faculty member/author will be instructed as to the importance of presenting a balanced, evidence-based comparison of the pertinent comparable drugs or treatments available. An outline of questions will be used by the Education Committee member and will be signed and dated to document the discussion. For a live CME activity, faculty will be instructed not to use slides promoting specific products (names or labels). The committee may require a faculty member to present his or her presentation slides and syllabus for review in advance of the CME activity and may require revisions to such materials prior to the CME activity. For enduring materials, the Education Committee will appoint a reviewer to review and approve the CME activity before it is published.

When there is knowledge of a potential conflict of interest, ACEP will make every effort to have an observer from the Education Committee in the course room. If a CME participant believes that the faculty member demonstrated bias or engaged in behavior that constitutes a conflict of interest or leads to the perception of a conflict of interest, the educational program will be reviewed by the Education Committee.

Faculty/authors who violate the conflict of interest policy will be suspended from further ACEP CME activities until the Education Committee investigates the incident and makes a determination about future participation. Faculty/authors suspended for noncompliance with the policy will receive a written explanation of reasons for suspension.

This policy is applicable to every person who is in a position to control the content of an education activity. Individuals who refuse to disclose relevant financial relationships will be disqualified from serving on the planning committee or from being a faculty member or author of CME, and cannot have control of or responsibility for the development, management, presentation, or evaluation of the CME activity, in accordance with ACCME Standards for Commercial Support.

Approved by the ACEP Board of Directors, June, 2006
Managing Conflicts of Interest
The ACCME is developing materials to help accredited providers raise awareness and educate individuals on ACCME's Updated Standards for Commercial Support. This presentation is a resource to serve that purpose. Providers may find the presentation useful when providing training to staff, committees, authors, or other volunteers.

The presentation is held as a copyrighted © by the Accreditation Council for Continuing Medical Education. Through this notice, the ACCME grants permission for its use to its accredited providers, recognized state medical societies for educational purposes, and intrastate accredited providers and any other organizations using the presentation for educational purposes.

These materials may not be used, in whole or in part, for any commercial purposes, including but not limited to courses or seminars related to compliance with ACCME accreditation criteria, without the prior permission in writing from the copyright owner.
Process

STANDARD 2: Resolution of Personal Conflicts of Interest

The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both:

- A financial relationship with a commercial interest **and**
- The opportunity to affect the content of CME about the products or services of that commercial interest.

How do these circumstances create a conflict of interest?

The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.
STANDARD 2: Resolution of Personal Conflicts of Interest

The provider must have implemented a mechanism to resolve all conflicts of interest prior to the education activity being delivered to learners.

1. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both
   - A financial relationship with a commercial interest \textit{and}
   - The opportunity to affect the content of CME about the products or services of that commercial interest.

2. Any amount...within the past 12 months...
   - Salary
   - Royalty
   - Intellectual property rights
   - Consulting fee
   - Honoraria
   - Ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds)
   - Other financial benefit
   ...Of person, spouse or partner.
Roles that may result in financial benefits...

- Employment
- Management position
- Independent contractor (including contracted research),
- Consulting,
- Speaking and teaching,
- Advisory committees or review panels,
- Board membership,
- Other activities from which remuneration is received, or expected.
...one can help fulfill the other

SCS Element 2.1
The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships to the provider.

SCS Element 2.3
The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.
Providers' choice of "mechanism(s)" may involve:

- Planners
- Faculty
- Managers
- Staff
- Authors
- Reviewers
Specific examples

- Sometimes the mechanism involves specifying, "Who does what?" within an activity

- Sometimes the mechanism involves content validation
Providers' choice of "mechanism(s)" may involve:

- Planners
- Managers
- Staff
- Reviewers
Providers’ choice of “mechanism(s)” may involve:

- Faculty
- Staff
- Authors
- Reviewers
Providers' choice of "mechanism(s)" may involve:

- Planners
- Faculty
Providers' choice of "mechanism(s)" must involve:

- Engagement by the provider in a process that goes beyond simple disclosure, with necessary interventions to resolve conflict of interest implemented before the activity.
Standard 1: Independence

- **New** CME decisions free of the control of commercial interest
- **New** Commercial interest is not joint sponsor

Standard 2: Resolution of Personal COI

- **New** Everyone discloses to Provider
- **New** Continue with persons who disclose
- **New** Implement a mechanism to identify and resolve conflicts of interest
When thinking about your organization's mechanism(s), ask yourself:

What are we ALREADY DOING to plan and implement our CME activities to ensure there is no commercial bias?
Disclosure Form
Samples
FACULTY/AUTHOR/PLANNER NAME: «Insert_Name»

In connection with your participation in the 2005 Scientific Assembly, please complete and return this form by **May 13, 2005** to the attention of Pat Hughes.

Please read the following statement carefully and indicate the response that applies to you. If you answer “yes” a symbol beside your name in the final program will indicate your disclosure and the type of financial interest or affiliation you have with the organization(s) you list below.

Do you have a financial interest/arrangement or direct affiliation with a corporate organization [including manufacturer(s) of any product(s) or provider(s) of any services] that has a direct interest in the subject matter of your presentation/publication?

☐ Yes  ☐ No

If yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).

(please type or print legibly)

I affirm that the information listed above is accurate and complete, and I agree to abide by the ACCME guidelines and ACEP disclosure policy as stated in the accompanying memo.

_________________________  __________________________
Signature      Date

PLEASE NOTE: THE COLLEGE DOES NOT VIEW THE EXISTENCE OF SUCH INTERESTS OR COMMITMENTS AS NECESSARILY IMPLYING BIAS OR DECREASING THE VALUE OF YOUR PARTICIPATION.

*Failure to disclose or false disclosure will require the College to identify a replacement for your participation.*
January 30, 2008

Dear Todd Thomas, CPC, CCS-P:

RE: Standards of Practice in Continuing Medical Education

We are pleased that you are able to participate in Reimbursement/Coding scheduled for May 19-23, 2008.

The American College of Emergency Physicians (ACEP) is accredited by the Accreditation Council for Continuing Medical Education. Since our accreditation is important to us, we plan activities that meet the ACCME’s expectations for our practice of continuing medical education. We look forward to working with you to ensure that this activity is of the highest standard.

The activity we have asked you to participate in is based on identified needs. We appreciate that you have already provided us with disclosure information of your financial relationships that are relevant to this content.

As discussed with you previously, ACEP has agreed to reimburse certain expenses you may incur as outlined in your faculty agreement, in accordance with ACEP Faculty Remuneration Guidelines. It is also our policy that faculty not accept any additional payments or reimbursements from any commercial interest for presenting CME activities for ACEP. In addition, we draw your attention to the following.

<table>
<thead>
<tr>
<th>Content Validation</th>
<th>ACEP expects that all of its CME program will adhere to the ACCME’s content validation value statements. Specifically, all the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Please contact ACEP if you do not feel your presentation can meet these standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguards Against Commercial Bias</td>
<td>ACEP expects that the content or format of CME activities and related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. We employ several strategies to ensure the absence of commercial bias and you are integral to their successful implementation. 1. On the basis of the information you have provided, we have determined that you have relevant financial relationship(s) with commercial interests that create a conflict of interest with respect to your role in this activity. We will disclose this information to our learners before the activity and a member of the Education Committee will contact you shortly to resolve that conflict of interest, in accordance with ACCME and ACEP policy. It is imperative that you speak directly with the committee member as soon as possible. 2. We also remind you that CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If your CME educational material or content includes trade names, trade names from several companies should be used where available, not just trade names from a single company.</td>
</tr>
</tbody>
</table>
Measurements of Effectiveness

ACEP will seek feedback from the learners on the effectiveness of and the presence or absence of bias in this CME activity through individual course evaluations and overall program evaluations.

Educational Materials

Educational materials that are a part of this activity, such as slides, abstracts and handouts, cannot contain any advertising, trade names, or product group messages.

Again, thank you for agreeing to work with us on this CME activity. We look forward to your presentation making an important contribution to the continuing professional development of our learners and to your professional practice.

Sincerely,

Debbie Smithy
Debbie Smithy, CMP
Director, Educational Meetings & CME

I have read this letter and agree to adhere to ACEP’s Standards of Practice in Continuing Medical Education as outlined in the letter.

Faculty Name: Todd Thomas, CPC, CCS-P

Signature ___________________________ Date ________________________

Please print this letter, sign it and fax to the attention of Pat Hughes at 972-580-2816 by ASAP.
CME DISCLOSURE

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards and the policy of the American College of Emergency Physicians, presenters must disclose the existence of significant financial interests in or relationships with manufacturers or commercial products that may have a direct interest in the subject matter of the presentation, and relationships with the commercial supporter of this CME activity. These presenters do not consider that it will influence their presentation.

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Company Name</th>
<th>Nature of Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caral L. Edelberg, CPC, CCS-P</td>
<td>Medical Management Resources of TEAMHealth</td>
<td>President/CEO</td>
</tr>
<tr>
<td>Michael A. Granovsky, MD, CPC, FACEP</td>
<td>Medical Reimbursement Systems</td>
<td>President</td>
</tr>
<tr>
<td>B. Joshua Rubin, MD, FACEP</td>
<td>EMP Management Group, Ltd.</td>
<td>President, Western Region</td>
</tr>
<tr>
<td>Candace E. Shaeffer, RN, MBA, RHIA</td>
<td>Lynx Medical Systems, Inc.</td>
<td>Employee</td>
</tr>
<tr>
<td>Todd Thomas, CPC, CCS-P</td>
<td>Thomas &amp; Associates</td>
<td>President</td>
</tr>
</tbody>
</table>

The following presenters have no significant financial relationships to report:

David A. McKenzie, CAE
Clinical Pearls From the Recent Medical Literature (Part I)

A long-standing staple of Scientific Assembly, renowned faculty members, Dr. Bukata and Dr. Hoffman will once again review and analyze the most significant studies published throughout the medical literature in the past two years. Each article presented will be assessed to determine its relevance to the practice of clinical emergency medicine.

- Identify advances in emergency medicine by reviewing the recent literature.
- Describe the limitations of recent studies on the practice of emergency medicine.
- Discuss the implication of recent studies regarding clinical emergency medicine.

WE-225
October 10, 2007
3:00 PM - 4:50 PM
Washington State Convention and Trade Center

W. Richard Bukata, MD;
Clinical Professor, Emergency Medicine, Los Angeles County/University of Southern California Medical Center, Los Angeles; Medical Director, Emergency Department, San Gabriel Valley Medical Center, San Gabriel, California, Medical Editor, Emergency Medical Abstracts

Jerome R. Hoffman, MA, MD, FACEP
Professor, Medicine/Emergency Medicine; UCLA School of Medicine, Los Angeles, California

No significant financial relationships to disclose
Clinical Pearls From the Recent Medical Literature (Part II)

Dr. Bukata and Dr. Hoffman will review and analyze the second half of the most significant studies published throughout the medical literature in the past two years. Each article presented will be assessed to determine its relevance to the practice of clinical emergency medicine.

- Identify advances in emergency medicine by reviewing the recent literature.
- Describe the limitations of recent studies on the practice of emergency medicine.
- Discuss the implication of recent studies regarding clinical emergency medicine.

W. Richard Bukata, MD;
Clinical Professor, Emergency Medicine, Los Angeles County/University of Southern California Medical Center, Los Angeles; Medical Director, Emergency Department, San Gabriel Valley Medical Center, San Gabriel, California, Medical Editor, Emergency Medical Abstracts

Jerome R. Hoffman, MA, MD, FACEP
Professor, Medicine/Emergency Medicine; UCLA School of Medicine, Los Angeles, California

TH-275
October 11, 2007
10:00 AM - 11:50 AM
Washington State Convention and Trade Center

No significant financial relationships to disclose
Airway Scopes:  
The Airway Imaging Lab

- Demonstrate the various uses of fiberoptics in the ED.
- Describe the techniques of fiberoptic direct nasolaryngoscopy, intubation, bronchoscopy, and endoscopy.
- Demonstrate simple and effective maneuvers for salvaging direct laryngoscopy.
- Describe the different fiberoptic scopes available.

*Richard M. Levitan, MD, FACEP
Attending Physician, Albert Einstein Medical Center; Associate Professor of Emergency Medicine, Thomas Jefferson University, Philadelphia, Pennsylvania

(+*)George J. Kovacs, MD
Associate Professor, Department of Emergency Medicine, Dalhousie University, Halifax, Nova Scotia, Canada; Co-developer, AIME (Airway Interventions and Management Education Program), Canadian Association of Emergency Medicine

*Michael F. Murphy, MD, FRCPC
(Anesthesia), FRCPC (Emergency Medicine)
Chair, Department Anesthesiology; Professor Anesthesiology; Professor Emergency Medicine, Dalhousie University; Clinical Chief, Department Anesthesiology, Capital District Health Authority, Halifax , Nova Scotia, Canada

(+*)John C. Sakles, MD, FACEP
Associate Professor, Department of Emergency Medicine, University of Arizona, Tucson, Arizona

MO-2  
10/8/2007  
8:00 AM - 9:50 AM  
Washington State Convention and Trade Center

*Principal Owner: Airway Cam Technologies, Inc.  
Royalties: Clarus Medical  
**Owner: Difficult Airway Course; Emergency  
(+)No significant financial relationships to disclose
Measuring Patient Outcomes

The ACCME updated the Essential Areas and Elements required for compliance effective January 2006 to include new criteria in regards to measuring patient outcomes as outlined below:

**Essential Area C1**

... expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

**Essential Area C3**

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

**Essential Area C11**

The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions.

**Essential Area C18**

The provider identifies factors outside the provider’s control that impact on patient outcomes.

All programs must include a process for measuring patient outcomes. This may be done individually for specific courses or as a random sample for meetings/conferences. A summary of the results are required to be submitted as part of the post course evaluation data **within 60 days after the course**.

Note: If utilizing a follow-up survey format a summary the results are to be submitted **within 6 months after the course**. Survey to be sent to attendees **within 60 days after course**. Suggested timeline as follows:

- Survey sent to attendees within 60 days after course allowing 30 days to complete and return
- Follow-up at 90 days allowing an additional 30 days to complete and return
- Compilation of survey results at 120 days
- Submission of results between 120-180 days

Examples of formats that may be used are:

1) Follow-up Survey – sent to attendees within after the event requesting information on procedural changes made to their practice as a result of information learned.
2) Pre-test/Post-test – test given to each attendee at the beginning of a session and again at the end of a session to measure learning outcomes. It is imperative that pre/post test results be matched up for each attendee.
3) Audience Response System (ARS) – questions asked at the beginning and again at the end of a session to measure learning outcomes.

Example of question that may be used for Follow-up Survey:

1) Based on what you learned during the <insert course name>, have you implemented at least one change since returning to your practice or work? Please explain.
Examples of questions that may be used for both the Pre-test/Post-test and ARS options are:

1) How would you rate your “insert content topic” knowledge?
   a) I’m a beginner
   b) I know the basic concepts only
   c) I have a good understanding of the material
   d) I should be teaching this darn thing!

2) What will happen to emergency physician Medicare payments in 2008?
   They will:
   a) Decrease by 10.6%
   b) Increase by 0.50%
   c) Decrease by about 1%
   d) Stay the same

3) The 2008 Medicare PQRI program will require reporting of:
   a) At least 80% of all performance measures
   b) At least 80% of at least 3 performance measures
   c) All applicable performances measures for service rendered
   d) Only those measures you want to apply to your bonus payment
ACEP MEMBER CME REQUIREMENTS

All CME activities reported to ACEP must pertain to the discipline of emergency medicine. Continued ACEP membership requires 150 hours of postgraduate education every three years, 60 of which must be ACEP Category I. (An unlimited number of Category I credits may be reported, all of which will apply toward the 150 required hours.) ACEP does not require that a specific number of hours be earned per year, only that the 150 total hours of CME be met at the completion of a three-year cycle. The three-year CME reporting and requirement period commences with the start date of active membership. Candidate or international members of the College are not required to meet the CME requirements. However, if you transfer to active membership, you are assigned a three-year cycle that begins with the due date on which your membership classification was transferred.

Please note, organizations list Category I approved courses (i.e. AMA PRA Category 1) which are not necessarily ACEP approved Category I courses. You may contact the Educational Products Division at ACEP Headquarters for verification of ACEP approved Category I credit.

Upon completion of the three-year cycle you will NOT be required to submit a list of the activities you have attended. Rather, your renewal payment on the third anniversary of your active membership is accepted as evidence of your compliance with the requirement. Certificates of Compliance are issued upon request by ACEP’s Member Services Department.

We value your membership in the College and look forward to a long and mutually beneficial association with us. If you have any questions regarding the CME requirement, please contact the Member Services Department at 800-798-1822, extension 5.

CONTINUING MEDICAL EDUCATION REQUIREMENTS

Historical Background

Continuing medical education (CME) has been an important aspect of the philosophy of the American College of Emergency Physicians (ACEP) from the earliest days of its organization to the present. In 1973 the College established a requirement that members must complete 150 hours of emergency medicine postgraduate education every three years.

By 1975 it had become clear that ACEP needed a mechanism which could ensure that members were pursuing continuing medical education in emergency medicine and that this education met some set of standards ensuring its excellence. To ensure there is quality education available, ACEP offers a wide range of clinical and management topics in a variety of formats; courses, publications, electronic media, and videotapes. By being ACCME accredited, ACEP is able to offer its members AMA PRA Category I Credit. To this end, an ad-hoc committee was established which developed the categorization scheme and the review process which is described below.

ACEP Membership CME Requirements

Every active member must complete 150 hours of emergency medicine CME every three years for continued membership. Sixty of the 150 hours must be ACEP Category I. THERE IS NO MAXIMUM! All 150 credit hours may be earned here. AMA Category 2: a maximum of 90 hours.
Review Process for ACEP Category I

In addition to developing and offering its own educational programs, ACEP reviews other emergency medicine programs for ACEP Category I credit. ACEP only reviews programs that have earned AMA credit or are jointly sponsored by ACEP. The review system for ACEP Category I credit is formally initiated when an application is submitted by a program director to ACEP’s Educational Products Division. At that time, the program is reviewed to verify that the following criteria are met:

1. The program has been approved for AMA PRA Category 1 Credit by an ACCME-accredited sponsor.
2. The program is directly focused to the needs of emergency physicians.
3. The program director has included:
   - A completed and signed ACEP Category I meeting application.
   - Copy of AMA PRA Category 1 approval letter from accredited organization or copy of ACCME accrediting certificate.
   - A complete time schedule.
   - A precise narrative description of the content to be covered in each lecture topic.
   - Measurable learning objectives for each session.
   - A complete faculty list including name, title, and address.
   - A non-refundable application fee.

When all of these materials are received at ACEP Headquarters, information about the program is added to a calendar which is subsequently published in Annals of Emergency Medicine and on the ACEP Website’s Master Calendar for Emergency Medicine. The application and supplemental materials are then forwarded to the National Education Representative who is a practicing emergency physician with experience in CME planning.

After a program is approved by the National Education Representative, the program is designated in Annals and on the Master Calendar as an ACEP approved CME program. An official letter is sent to the program director with the number of ACEP Category I hours approved.

ACEP Category I Credit – Educational Materials

Educational materials, such as audio/video tapes, newsletters, and books are eligible to be reviewed for ACEP Category I credit, if they have been approved for AMA PRA Category 1 Credit by an ACCME accredited sponsor and are focused to the needs of emergency physicians at a graduate level. For more information about the review process, contact the Educational Products Division at ACEP Headquarters.

ACEP Category I Credit – Scientific Meetings

ACEP Category I credit may be reported for participation in CME activities which have been reviewed and approved in advance by ACEP.
Retroactive ACEP Category I Credit for Scientific Meetings

Individual members of ACEP may apply for ACEP Retroactive Category I credit for Scientific Meetings attended which had AMA PRA Category 1 Credit or AOA Category IA credit but not ACEP Category I approval. Retroactive ACEP Category I credit is only available for meetings attended while ACEP membership is current. Application must be made within 1 year of program date. Credit may be granted on an hour-for-hour basis for those portions of the meeting which were directly related to emergency medicine with a maximum reporting of 50 hours. ACEP Retroactive Category I applications and supplemental materials, along with a non-refundable application fee, must be submitted to the Educational Products Division at ACEP Headquarters. RETROACTIVE APPROVAL IS NOT AVAILABLE FOR HOME STUDY EDUCATIONAL MATERIALS.

AMA Category 2

Ninety (90) hours of the 150 required hours may be reported from the following:

1. Any CME course that has been awarded AMA PRA Category 1 Credit or AOA approval that meets the criteria of a “planned program” but has not been pre-approved by ACEP. Credit may also be reported on an hour-for-hour basis for participation in hospital-based conferences, lectures, seminars, and workshops in emergency medicine.

2. Emergency medicine teaching. Credit may be claimed hour-for-hour for the teaching of emergency medicine to medical students and physicians. This may include lecture time and teaching in the emergency department or at the bedside. Credit may also be claimed for the teaching of emergency medicine to nurses and allied health professionals. However, this instruction must be part of a planned and formally presented program (lectures, etc.). Incidental bedside emergency department instruction is not sufficient.

3. Papers, publications, books, presentations, and exhibits related to emergency medicine. Ten credit hours may be allowed for a paper, publication, or for each chapter of a book that is authored and published. To qualify for AMA Category 2, a paper must be published in a recognized medical journal.

   For credit, a presentation or exhibit must be shown to a professional audience; this audience may be made up of allied health professionals. Credit may be allowed only for the first time the scientific materials are presented and should be reported as of the date materials were presented or published. A maximum of ten credit hours may be reported for each separate presentation or exhibit.

4. Non-supervised CME activities related directly to the discipline of emergency medicine are covered by AMA Category 2. Credit may be reported on an hour-for-hour basis for the following activities:
   - Individual non-supervised study and study of audio/visual materials such as audio tapes, video tapes, films, filmstrips, slides, etc.
   - Programs involving emergency medicine peer review activities such as medical audit, consecutive case conferences, chart audit, utilization review and participation in PSRO.
   - An organized course of study with relevance to emergency medicine offered by an accredited institution of higher learning.
Residents and Fellows

Each full year of an accredited* emergency medicine residency or fellowship will be considered the equivalent of 50 hours of ACEP Category I credit. Full time activity as a resident or fellow for part of a year is accepted as one credit hour per week. During the time the physician is in full-time training in an accredited program, no other credits in any category can be earned for the residency or fellowship training.

Note: Additional meetings and activities participated in that are not related to your emergency medicine residency or fellowship may be reported in the appropriate category.

*Accredited by RRC-EM or its equivalent.

Board Exam

No credit is offered for taking and/or passing the board exam. Study required for preparing for the exam can be reported as AMA Category 2 credit on an hour-for-hour basis.

Certification of Compliance

Members are required to maintain their own continuing education records. Shortly before a members’ third anniversary of membership, he/she will be required to notify ACEP of compliance with the CME requirements. Payment of membership dues on the third anniversary will be accepted as evidence of compliance. Certificates of completion for use with other organizations are issued upon request by ACEP’s Member Services Department.

AMA Physician’s Recognition Award Interface with ACEP

ACEP categories are parallel with those required by the American Medical Association’s Physician’s Recognition Award (AMA PRA). The primary difference is that while the AMA accepts educational activities across a broad range of medicine, ACEP accepts only activities related to those aspects of medicine which are directly focused to the needs of emergency physicians. Members who meet the ACEP educational requirements are eligible for the AMA PRA. Members wishing to receive the AMA’s Physician’s Recognition Award may request an application from the AMA. This application should be returned to the AMA along with a list of CME credits.

American Osteopathic Association/ACEP CME Credits

Although ACEP does not have a reciprocal CME agreement with the American Osteopathic Association (AOA), ACEP does apply to AOA for approval of all ACEP educational offerings.

Revised 12/2008
Role and Function of the ACEP Education Committee/National Education Representatives

ACEP's Education Committee acts as an oversight and review body for the continuing medical education activities of the College. It assesses effectiveness of all ACEP CME offerings and compares them to the core content for emergency medicine to determine comprehensive coverage; this overall review is usually conducted every two years. The Education Committee annually reviews the College CME mission statement and discusses the extent to which the educational program achieves its CME mission. The committee recommends National Education Representatives, who are then appointed by ACEP's president, and reviews the activities of the National Education Representatives for consistency. The Education Committee reviews all program sponsor appeals from the chapters, reviews evaluation summaries, and reviews the process for necessary revisions.

I. Education Committee Organization Chart
In order for ACEP to effectively implement its Category I review process, the College has currently 9 designated review areas. These areas were determined in an effort to provide equal distribution for review of courses presented throughout the United States and surrounding areas. One National Education Representative is chosen for each review area. To avoid any conflict of interest, National Education Representatives will not be assigned a state in which they reside. The representatives are responsible for the review of all submitted programs that are to be presented in their respective regions (see the National Education Representative list included in this section).

National Education Representatives are recommended by ACEP’s Education Committee and appointed by ACEP’s president.

The National Education Representatives have two primary roles:

- Review programs applying for ACEP credit which have AMA credit.
- Participate and consult on jointly sponsored programs.

Review of Programs with AMA credit for ACEP Credit

National Education Representatives should complete a program review within two weeks after receiving the program file. National Education Representatives are contacted by chapters requesting their participation in the initial planning and development of a jointly sponsored program; the chapters’ National Education Representative is expected to respond within 48 hours. For these reasons, it is necessary that National Education Representatives notify the CME Approval Coordinator if they will be unavailable for more than five working days, or, for any reason, need to have programs forwarded temporarily to another National Education Representative for review. If for any reason a review is delayed, the CME Approval Coordinator should be notified immediately by phone.

If National Education Representatives have no questions regarding approval of a program, they indicate the number of credit hours approved, sign the original application and return to ACEP. A copy of the application is retained in the National Education Representative’s program file.

If National Education Representatives have any questions regarding the program content, teaching methodologies, or relevance to emergency medicine, they should contact the program director to discuss these concerns and, if appropriate, make suggestions for resolving the concerns. Usually these physician-to-physician contacts clarify or revise the program sufficiently so that approval for ACEP Category I credit is possible. If, after talking with a program director, a National Education Representative decides whether part/all of the program cannot be approved, the reasons for disapproval must be indicated on the application and sent back to ACEP. These reasons will be incorporated into the letter of disapproval that is sent to the program director.

National Education Representatives should indicate on the application if they have spoken with the program director or if attempts were made to speak with the program director. Copies of this information should be kept with the application that remains with the National Education Representative’s file.

Should National Education Representatives have questions regarding their decisions on approval or disapproval, they may contact the Chair of the ACEP Education Committee for the Chair’s opinion.
Participation in Jointly Sponsored Programs Offering AMA and ACEP CME Credit

National Education Representatives help to ensure that quality jointly sponsored educational activities are being planned. *The National Education Representative's involvement in the planning process, from the beginning, is critical to meeting the Essential Areas of the ACCME.*

The level of the National Education Representative’s involvement will vary depending on the length and scope of the CME activity to be planned as well as the anticipated amount of time required to plan the CME activity. This involvement will require the National Education Representative’s participation in the program planning activities *via telephone call, email, or face-to-face meetings.* The National Education Representative must be available to the Chapter Education Representative via telephone throughout the planning process. When contacting the National Education Representative for initial planning and development of a jointly sponsored program, *the chapter representative should be prepared to discuss such essential items as the program's relevance to emergency medicine, its educational content, teaching methodologies/formats, needs assessment, target audience, learning objectives, faculty, evaluation mechanisms, joint sponsorship guidelines, and any possible third party relationship.* (refer to Tab 17 for NER meeting prep checklist)

See Tabs 14, 15, and 16 in this handbook for details on the Joint Sponsorship process.
# National Education Representatives

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>State</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Ioliene Beth Boenau, MD, FACEP</td>
<td>Home: 62 Southbury Road Clifton Park, NY 12065 Bus: Emergency Medicine Physicians Samaritan Hospital Troy, NY Home: 518-357-3543 Bus: 518-271-3450</td>
<td>Florida (FL is its own Accredited Provider) California Puerto Rico</td>
<td>Email: <a href="mailto:IBOENAU@NYCAP.RR.COM">IBOENAU@NYCAP.RR.COM</a></td>
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<tr>
<td>John A. Brennan, MD, FACEP</td>
<td>Home: 3 Castle Ct. Randolph, NJ 07869-2022 Bus: Newark Beth Israel Medical Center 201 Lyons Ave Newark, NJ 07112 Home: 973-328-3780 Bus: 973-926-7850</td>
<td>Georgia Government Services North Carolina South Carolina Texas</td>
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<td><strong>Kathleen C. Hubbell, MD, FACEP</strong></td>
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<td><strong>Home:</strong> 126 Lavergne Street&lt;br&gt; New Orleans, LA 70114-1008</td>
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<td><strong>Bus:</strong> University Hospital&lt;br&gt; 2021 Perdido St.&lt;br&gt; New Orleans, LA 70112</td>
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<td><strong>Home:</strong> 504-362-0597&lt;br&gt; <strong>Bus:</strong> 504-903-3594&lt;br&gt; <strong>Fax:</strong> 504-903-4569</td>
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<tr>
<td><strong>Email:</strong> <a href="mailto:khubbe@lsuhsc.edu">khubbe@lsuhsc.edu</a></td>
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<th><strong>Debra G. Perina, MD, FACEP</strong></th>
<th><strong>Alaska</strong>&lt;br&gt; Arizona&lt;br&gt; Hawaii&lt;br&gt; Idaho&lt;br&gt; Indiana&lt;br&gt; Nevada&lt;br&gt; North Dakota&lt;br&gt; Ohio&lt;br&gt; Oregon&lt;br&gt; South Dakota&lt;br&gt; Montana</th>
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<tr>
<td><strong>Home:</strong> 200 Welsh Run Road&lt;br&gt; Ruckersville, VA 22968</td>
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<tr>
<td><strong>Home:</strong> 804-985-2350&lt;br&gt; <strong>Bus:</strong> 804-243-6720&lt;br&gt; <strong>Fax:</strong> 434-924-8715</td>
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<tr>
<td><strong>Email:</strong> <a href="mailto:dgp3a@hsemail.mcc.virginia.edu">dgp3a@hsemail.mcc.virginia.edu</a></td>
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<tr>
<th><strong>Linda A. Robinson, MD, FACEP</strong></th>
<th><strong>Kentucky</strong>&lt;br&gt; Pennsylvania&lt;br&gt; West Virginia&lt;br&gt; New Jersey&lt;br&gt; Wisconsin&lt;br&gt; Wyoming</th>
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<tr>
<td><strong>Home:</strong> 7620 SW 159th Terrace&lt;br&gt; Miami, Fl 33157</td>
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<tr>
<td><strong>Bus:</strong> Jackson Memorial Hospital&lt;br&gt; 1611 NW 12th Ave.&lt;br&gt; Miami, Fl 33136</td>
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<tr>
<td><strong>Email:</strong> <a href="mailto:tarpon@gate.net">tarpon@gate.net</a> (prefers email to phone; please type ACEP in the subject window so email does not get caught in SPAM FILTER)</td>
<td></td>
</tr>
<tr>
<td>Tracy Sanson, MD, FACEP</td>
<td>Colorado</td>
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| **Home:** 813-948-6190  
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| **Email:** oaks61596@aol.com | Missouri | |
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| **Bus:** Dept of Emergency Medicine  
MSC10 5560 – 1 Univ of New Mexico  
Albuquerque, NM 87131-0001 | Mississippi | Oklahoma |
| **Home:** 505-771-0777 | | |
| **Work:** 505-272-5062 | | |
| **Email:** mattwalsh@cableone.net | | |

| Jason M. White, MD, FACEP | Education Materials  
Overflow Programs |
|--------------------------|--------------------|
| **Home:** 4046 Old Pine Trail,  
Midland, MI 48642-8891 | |
| **Home:** 989-631-3715  
Fax: 989-631-8544 | |
| **Bus:** 989-793-7220  
Fax: 989-793-7482 | |
| **Email:** jasonmwhite@prodigy.net (prefers email to telephone) | | |
ACEP Category I Meeting Credit for Educational Programs with AMA Credit
ACEP Category I Meeting Application Process

General Requirements
- Application to be submitted 60 days prior to program start date (minimum 75 days to be published on ACEP’s website and in the Calendar section of the Annals of Emergency Medicine)
- Program must have AMA PRA Category 1 credit

Completed application with program director’s signature and date
Complete program time schedule
Precise narrative description for each lecture topic
Measurable learning objectives for each lecture topic and overall course
Complete faculty list including names, titles, and addresses
$175.00 Non-refundable application fee
Note: If e-mailed, need credit card or PO#)
Copy of AMA PRA Category 1 approval letter from ACCME accrediting organization / sponsor
Programs Applying for ACEP Credit That Already Have AMA Credit Through Another ACCME Accredited Provider

Program directors can determine whether their program meets the criteria for review for ACEP Category I credit by requesting an ACEP Category I meeting application. The College will only review programs that already have AMA PRA category I credit. ACEP members are required to complete a minimum of 60 hours of ACEP Category I credit every three years.

Program directors usually become aware of the ACEP course approval process in the following ways:

- The program director is a member of ACEP and is, therefore, aware of the need for ACEP Category I credit.
- ACEP members who have been or plan to be a participant in a program contact program directors to request that they apply for ACEP Category I credit.
- CME departments (usually in universities, hospitals, or other medical specialty societies) encourage the practice of seeking all approvals possible for CME programs.
- Program directors are contacted directly by ACEP through a letter of solicitation.

The Value of ACEP Category I Credit

One of the advantages ACEP Category I credit approval offers a program director is the probable increase in program attendance of ACEP members for the following reasons:

- Programs applying for ACEP Category I credit are published on ACEP’s website and in the Calendar section of the Annals of Emergency Medicine provided the completed application has been received at least 75 days before the first day of the month in which the program is being offered.

Note: After national ACEP receives the application, they will place an announcement without credit information in the Calendar section of the Annals of Emergency Medicine and also on the Master Calendar of ACEP’s website. After the application is approved, credit awarded will be added to these listings.

- ACEP members are most likely to attend ACEP approved programs in order to meet both their CME needs and membership requirements.
- ACEP’s membership mailing list may be purchased at a discounted rate for programs approved for ACEP Category I credit.

Obtaining ACEP Category I Credit

- Courses that already have AMA credit can apply for ACEP Category I credit.

Note: ACEP chapters have not been accredited by the ACCME to award AMA credit; national ACEP is the body that has that responsibility.

Criteria for ACEP Category I Credit

All programs applying for ACEP Category I credit must:

- Be approved for AMA Category I credit.
- Be a planned program of CME; ie, be planned, coordinated, administered and evaluated in terms of specific educational objectives for emergency physicians (see Definition of a Planned Program of CME located in this section of notebook).
- Meet the needs of emergency physicians.
- Requires submission of AMA PRA Category I approval letter from an ACCME accredited provider or a copy of your ACCME accrediting certificate.
Required Documentation

To apply for ACEP Category I credit for an ACCME accredited program (those granted AMA PRA Category 1 credit), the program director must submit the following to national ACEP at least 60 days before the program:

- Completed and signed ACEP Category I meeting application.
- Submission of AMA PRA Category 1 approval letter from an ACCME accredited provider or a copy of your ACCME accrediting certificate.
- Completed program time schedule (2 copies).
- Precise narrative description of the content to be covered for each lecture (2 copies).
- Overall measurable learning objectives for this course (2 copies).
- Measurable learning objectives for each lecture (2 copies).
- Complete faculty list, including names, addresses and titles (2 copies).
- Payment

ACEP must receive these items before the program application packet can be sent to a National Education Representative for review.

Sample Narrative Descriptions

Narrative descriptions should indicate what participants would gain from the course by defining the major emphasis and level at which the course will be taught. These descriptions are imperative to the approval of a program as they are the only means by which a National Education Representative may determine that the program is focused on the CME needs of the emergency physician.

Example

“Following this lecture and accompanying lab, the participant will be able to perform chest tube insertion, cricothyrotomy, central venous pressure catheter insertion and peritoneal lavage. Each procedure will be demonstrated and practiced under direct supervision in a dog lab. This course is designed for physicians who frequently handle trauma patients and seek to increase their expertise in major trauma management.”

Review Process

If program directors have any questions about the review process, they may contact CME Approval Coordinator at national ACEP, 800-798-1822, ext. 3292. If they have any questions regarding the clinical content of their program, they may request to contact the National Education Representative in their area in order to discuss the content on a physician-to-physician level. This request is rare, but the CME Approval Coordinator is authorized to give this information to a program director unless otherwise instructed by the National Education Representative.

After ACEP receives the completed application and materials, the ACEP CME Approval Coordinator sends the material to a National Education Representative for the review. The National Education Representative is a practicing emergency physician with experience in CME meeting planning. The National Education Representative decides whether the program is applicable to emergency physicians. When questions arise, the National Education Representative contacts the program director or the contact person identified on the application.

An official approval letter will be sent when approval is received from the National Education Representative. This usually occurs about 3-4 weeks after the completed application has been forwarded to the National Education Representative for review.

Approval Period

ACEP Category I credit is awarded to a program for one year; all offerings of the same course within 12 months also receive credit. Please notify national ACEP of all course offering dates and locations.
Credit Statement

If the course brochure goes to print before a program receives approval from ACEP, the following may be printed:

“Application has been made to the American College of Emergency Physicians for ACEP Category I credit.”

If the approval is received before the brochure is printed, the following approval statement may be used:

“Approved by the American College of Emergency Physicians for «hoursapproved» hour(s) of ACEP Category I credit.”

ACEP ATLS Blanket Approval Information

In order for a program to receive ACEP Category I blanket approval the program must be reviewed by the Education Committee. At times, a National Education Representative will also be asked to review a course that has received blanket approval.

The following courses have ACEP Category I blanket approval:

- ATLS Provider:
  2 day schedule – 18 credit hours
  2.5 day schedule – 20 credit hours.
- ATLS Instructor:
  2.5 day schedule – 23 credit hours
  3-day schedule – 26 credit hours.

ACEP Actions on Disapproval

If an application returned to the CME Approval Coordinator from the National Education Representative indicates partial or complete disapproval, the CME Approval Coordinator verifies the reason for disapproval with the National Education Representative. These reasons for disapproval are included in the letter sent to the program director.

Attached to the disapproval letter is information regarding the program director’s right to appeal the National Education Representative’s decision (see Appeal Process below). The program file is marked “disapproved” and filed with the other completed program files.

Should the program director appeal, he or she notifies the CME Approval Coordinator, who then notifies all parties involved and implements the appeal process. Should this process reverse the decision and result in partial or total approval of the program, the program will be processed as an approved program.

ACEP Category I Program Director’s Appeal Process

The program director should indicate disagreement with the National Education Representative’s disapproval by written notification to the CME Approval Coordinator, Educational Products Division, ACEP Headquarters.

The CME Approval Coordinator then notifies the National Education Representative and the Chair of the Education Committee and forwards a duplicate of all program documentation to the Chair of the Education Committee.

If an agreement cannot be reached between the Chair of the Education Committee, and the program director, the program director has the option to make full appeal to the Education Committee at its next scheduled meeting.

Definition of a Planned Program of CME

For the purpose of the AMA PRA, a planned program of continuing medical education is defined as one that covers a subject area in the
depth that is appropriate for the intended audience and that is planned, administered, and evaluated in terms of education objectives that define a level of knowledge or a specific performance skill to be attained.

Many formats can be modified to meet the definition of a planned program. These include:

- Lecture Series
- Grand Rounds
- Teaching Rounds
- Departmental Scientific Meetings
- Multimedia Self-Instruction Programs
- Seminars
- Workshops
- Clinical Traineeships
- Mini-Residences
- CME activities of state and county medical societies and specialty societies, including local, regional, state, national or international meetings.

Periodic activities, such as lecture series or grand or teaching rounds, can be planned and presented systematically so that over a designated period of time, all significant areas of a specialty or subspecialty are covered. Educational objectives for a planned program of CME should be based on clearly identified needs and should identify the target group. Frequently group or individual needs can be determined from a practice profile, peer review, self-assessment, case audits, or individually identified needs. New medical knowledge can also serve as a basis for developing the educational objectives that are specific for a particular knowledge level or performance capability.

*Brochures and announcements for the continuing medical education activities must state educational objectives and the intended audience as a means of helping physicians decide whether to participate.*
1. Title of Program:  

2. Date(s) of Program:  

3. Location of Program (City, State, Country):  

4. Sponsoring Organization and/or ACEP Chapter:  

5. What ACCME accredited sponsor (hospital, university, etc.) has given this course AMA PRA Category 1 credit?  

6. Program Director: ___________________________________________ Phone: ___________________________________________ 

Mailing Address: ____________________________________________________________________________________________________ 

City, State, Zip: ______________________________________________________ Email: ___________________________________________ 

Registration Contact (if different from above) _______________________________________________ Phone: __________________________ 

Mailing Address: ____________________________________________________________________________________________________ 

City, State, Zip: ______________________________________________________ Email: ___________________________________________ 

7. Hours of ACEP Category I credit applied for:__________________________  

8. Educational Methods (check as many as applicable):  

☐ Audiovisual  
☐ Bedside rounds  
☐ Clinical Conference  
☐ Operative surgery  
☐ Enrollee observes procedure  
☐ Lecture  
☐ Laboratory work  
☐ Patient clinic  
☐ Open question  
☐ Panel  
☐ Patient demonstration  
☐ Programmed instruction (self-teaching device)  
☐ Seminar  

9. Registration Fee: Range $_______________to _______________  

Do you plan to advertise: Yes_____ No _____  

10. The method of evaluation to be used to determine whether the educational objectives were achieved:  

☐ pre-test  
☐ post-test  
☐ instructor evaluation  
☐ registrant’s self-evaluation  
☐ other_________________________________________________________________  

11. Were emergency physicians involved in planning the curriculum?  

☐ Yes  
☐ No  

Name ___________________________________________ Telephone __________________________  

Address ________________________________________________________________________________  

If emergency physicians were not included in the planning, how have you ensured that the material is focused on the needs of the emergency physician?  

12. Has this program been previously approved for ACEP Category I credit?  

☐ Yes  
☐ No  

If Yes, when? _____________________  

13. Program Director’s Signature: ___________________________________________ Date: ________________________________ 

Must include 2 copies of the following with your completed, signed, and dated application form 60 days prior to course start date:  

☐ Copy of your AMA PRA Category 1 approval letter OR ACCME accrediting certificate  
☐ Complete program time schedule  
☐ Precise Narrative Description for each individual lecture topic  
☐ Measureable Learning Objectives for each individual lecture topic.  
☐ Measureable Learning Objectives for overall course.  
☐ Complete faculty list, including name, title and address.  

SYLLABUS OR BROCHURE IS NOT ACCEPTABLE  

☐ $175.00 non-refundable application fee.  
(if emailed, need credit card billing information OR PO#)  

(for office use only)  

ACEP ACTION TAKEN  

File No.:____________   Date rec’d by CME Approval Coordinator ____________________  Date sent to NER ____________  

National Education Representative:_____________________________________________________________________________________________  

☐ Approved for:_______ Hours of ACEP Category I Credit  

☐ Disapproved  

☐ Comments:_________________________________________________________________________________  

Signature of National Education Representative:___________________________________________________________ Date:____________________
ACEP Retroactive Credit for Educational Programs with AMA Credit
ACEP Category I Retroactive Credit Application Process

General Requirements:
- Applies only to scientific meetings (not available to educational/enduring materials)
- Program must have AMA PRA Category 1 or AOA Category 1A credit
- Available only to ACEP members for programs attended after becoming a member
- Not available to program directors for their programs
- Application must be submitted within 1 calendar year of program start date
ACEP Category I Retroactive Credit Approval

The retroactive approval process and application were developed in 1980 at the request of ACEP’s Board of Directors. The purpose of the retroactive process is to meet the needs of ACEP members for acquiring ACEP Category I credit for scientific meetings attended that were pertinent to emergency medicine but that had not been submitted for ACEP Category I credit approval.

Criteria for Obtaining ACEP Category I Retroactive Credit

- Only programs which have AMA PRA Category 1 or AOA Category 1A credit may be reviewed for retroactive ACEP Category I credit.
- Review for retroactive approval applies only to scientific meetings. Retroactive approval is not available to educational home study materials.
- Application must be submitted within 1 year of program date.
- Members applying for retroactive ACEP Category I credit should do so only for programs of the highest quality. The program brochure should reflect an attempt to deal with sophisticated emergency medical problems by well-recognized authorities in that field.
- Retroactive ACEP Category I credit is available only to members of the American College of Emergency Physicians.
- Application for retroactive ACEP Category I credit should be submitted only for programs attended after becoming a member of ACEP. Programs attended before your membership date may not be applied toward fulfillment of the ACEP CME requirement.
- Program directors may not apply for retroactive credit for their programs; only prospective review for ACEP Category I credit is available to them.

Required Documentation

Applications for retroactive approval must be submitted by individual members with all of the following:

- A completed application form.
- A program brochure reflecting objectives, faculty list, and timed agenda.
- A copy of individual certificate of attendance for the program showing appropriate AMA or AOA CME credit hours earned.
- A $10 non-refundable application fee.

A maximum of 50 hours of retroactive credit can be reported.

Review Process

The application process begins internally in the Educational Products Division at ACEP and is subsequently forwarded to a National Education Representative for review.

Credit may be granted on an hour-for-hour basis for those portions of the meeting which were directly related to emergency medicine. An approval letter is sent to the applicant with the number of approved hours and reminds the member to keep the letter with continuing medical education records for verification of CME activities.

Retroactive credit is available for ACEP members who attended a meeting with AMA or AOA credit but no ACEP credit.
ACEP RETROACTIVE CATEGORY I APPLICATION
SCIENTIFIC MEETINGS ONLY
Retroactive Approval is not available for Educational Home Study Materials

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
POST OFFICE BOX 619911, DALLAS, TEXAS 75261-9911
(972) 550-0911, (800)798-1822

(Please Type or PRINT IN CAPITAL LETTERS)

1. Name:___________________________________________________________________ ACEP Member #:_______________________
2. Address:_______________________________________________________________________________________________________
   Email: ________________________________________________________________________________________________________
3. Phone: Office:_____________________________________________ Home:______________________________________________
4. Please attach Program Brochure – MUST include objectives, faculty list, and timed agenda.

5. Program Title: _____________________________________________________________________________________________________
6. Date(s):_____________________________________ 7. Location: ___________________________________________________________
8. Sponsoring organization which has given AMA PRA Category 1 or AOA Category 1A credit for this program:
   __________________________________________________________________________________________________________________
9. Contact person: name, address, phone, email :___________________________________________________________________________
   __________________________________________________________________________________________________________________
10. What topics in emergency medicine did this course address?______________________________________________________________

11. Have you contacted the program director about applying for ACEP Category I credit for future programs?  Yes________ No ____ _____
12. Should ACEP invite this organization to apply for ACEP Category I credit for future programs:  Yes_____ No_____
13. How many AMA Category I and/or AOA credit hours were approved for this course?__________________________________________
14. How many of these hours do you recommend for ACEP Category I?________________________________________________________
   I certify that I attended _______________ number of Category I hours pertinent to emergency medicine.
   Signature                              Date
15. Check list:
   *application must be submitted within 1 year of program date*
   1) Completed application form
   2) $10.00 non-refundable review fee
   3) Meeting/program brochure
   4) Copy of certificate of attendance indicating AMA PRA Category I credit
      or AOA Category I credit

16. Send complete package to:
   CME Approval Coordinator
   Educational & Promotional Products Division
   American College of Emergency Physicians
   P.O. Box 619911
   Dallas, Texas 75261-9911

For Office Use only
ACEP ACTION
DATE REC’D by CME Approval Coordinator:____________________ DATE SENT TO NER: ___________________________________
# Hours Approved:_____________ SOLICIT FUTURE PROGRAMS_____ YES_____ NO_____ DISAPPROVED _________________
COMMENTS: _____________________________________________________________
NER SIGNATURE_______________________________________________________ DATE: __________________________

12/08
ACEP Series
Meeting Credit for Educational Programs with AMA Credit
ACEP Category I Series Application Process

General Requirements
- Application to be submitted 60 days prior to program start date (75 days to be published on ACEP’s website and in the Calendar section of the Annals of Emergency Medicine)
- Program must have AMA PRA Category 1 credit
- Must submit future lecture topics and objectives a minimum of 30 days prior to lecture date.
Series Program Definition

Series programs are pre-planned lecture topics that are taught on a periodic basis. The best examples of series programs are: grand rounds, residency training lectures, morbidity and mortality lectures, case conferences, and journal clubs.

Obtaining ACEP Category I Credit for Series Programs

- Courses that already have AMA Category 1 credit can apply for ACEP Category I credit.

Note: ACEP chapters have not been accredited by the ACCME to award AMA credit; national ACEP is the body that has that responsibility.

Criteria for Reviewing a Series Program for Credit

All programs applying for ACEP Category I credit must:

- Be approved for AMA Category 1 credit.
- Be a planned program of CME; i.e., be planned, coordinated, administered and evaluated in terms of specific educational objectives for emergency physicians.
- Meet the needs of emergency physicians.
- Requires submission of AMA PRA Category 1 approval letter from an ACCME accredited provider or a copy of your ACCME accrediting certificate.

Required Documentation

To apply for ACEP Category I credit for an ACCME accredited program (those granted AMA PRA Category 1 credit), the program director must submit the following to ACEP no later than 60 days prior to the beginning of the series approval year period:

- A completed and signed ACEP Category I series meeting application.
- Submission of AMA PRA Category 1 approval letter from an ACCME accredited provider or a copy of your ACCME accrediting certificate.
- Overall measurable learning objectives for the program series.
- Scheduled times and dates of each lecture for the first 3 months of the series period.
- A precise narrative description and measurable learning objectives for each lecture topic for the first 3 months of the series approval period.

Series programs can be grand rounds, residency training lectures, morbidity and mortality lectures, case conferences, or journal clubs.

- A complete faculty list, including names, addresses and titles.
- A $175 non-refundable application fee or a purchase order indicating the application fee has been requested and will be forthcoming.

ACEP must receive these items before the program application can be sent to a National Education Representative for review.

Note: Future lecture topics and objectives must be submitted no later than 30 days prior to lecture date and will subsequently be forwarded to the National Education Representative for review.

Examples of Narrative Descriptions

Narrative descriptions should indicate what participants would gain from the course by defining the major emphasis and level at which the course will be taught. These descriptions are imperative to the approval of a program as they are the only means by which a National Education Representative may determine that the program is focused on the CME needs of the emergency physician.
Example
“Following this lecture and accompanying lab, the participant will be able to perform chest tube insertion, cricothyrotomy, central venous pressure catheter insertion and peritoneal lavage. Each procedure will be demonstrated and practiced under direct supervision in a dog lab. This course is designed for physicians who frequently handle trauma patients and seek to increase their expertise in major trauma management.”

Review Process

After ACEP receives the complete series application and materials, it is sent to the National Education Representative for final review and approval. The National Education Representative is a practicing emergency physician with experience in CME meeting planning. The National Education Representative decides whether the program is applicable to emergency physicians. When questions arise, the National Education Representative may contact the program director or the contact person identified on the application.

An official approval letter is sent when approval is received from the National Education Representative. This usually occurs about 3-4 weeks after the completed application has been forwarded to the National Education Representative for review. Series programs are approved on an hour-per-hour basis.

Approval Period

ACEP Category I credit is awarded to a series program for one year. Any changes to the program within that year should be reported to national ACEP.

Credit Statement

Once a program director has been notified of ACEP Category I approval, the following credit statement may be used:

“Presentations have been approved by the American College of Emergency Physicians for a maximum of «hoursapproved» hour(s) per week of ACEP Category I credit.”
Please type or PRINT IN CAPITAL LETTERS

1. Title of program ______________________________________________________________________________________________
2. Series time period (year) _____________________________   Frequency (daily, weekly, etc.) __________________
3. Location of Program (City, State, Country) _________________________________________________________________________
4. Sponsoring Organization__________________ _____________________________________________________________________
5. What ACCME accredited sponsor, (hospital, university, etc.) has given this course AMA PRA Category I credit? ___________________________________________________________________________________________________________
6. Program Director ________________________________________________________ Phone _____________________________
    Mailing Address ______________________________________________________________________________________________
    City, State, Zip __________________________________________________________ Email _____________________________
7. Registration Contact (if different than above) _______________________________________________  Phone __________________
    Mailing Address _____________________________________________________________________________________________
    City, State, Zip ____________________________________________________________Email _____________________________
8. Educational Methods (check as many as applicable: □ Audiovisual □ Bedside rounds □ Clinical conference □ Patient demonstration □ Enrollee observes procedure □ Lecture □ Laboratory work □ Patient clinic □ Open question □ Panel □ Operative surgery □ Programmed instruction (self-teaching device) □ Seminar □ Other (please comment) _____________________________________
    _____________________________________________________________________________________________________________
9. Were emergency physicians involved in planning the curriculum? □ yes □ no
    Name     Address     Telephone
    _____________________________________________________________________________________________________________
    If emergency physicians were not included in the planning, how have you ensured that the material is focused on the needs of the emergency physician?
    _____________________________________________________________________________________________________________
10. Has this series program been previously approved for ACEP Category I credit? □ yes □ no □ If Yes, when? _____________________
11. Program Director's signature: _________________________________________________________  Date _____________________

Must include include 2 copies of the following with your completed, signed, and dated application form 60 days prior to course start date
□ Copy of your AMA PRA Category 1 approval letter OR ACCME accrediting certificate
□ Scheduled times and dates of each lecture for at least the first 3 months of the series approval period.
□ Precise Narrative Description for each individual lecture topic for at least the first 3 months of the series approval period.
□ Measureable Learning Objectives for each individual lecture topic for at least the first 3 months of the series approval period.
□ Overall measureable learning objectives for the program series.
□ Complete faculty list including name, title, and address.
□ $175.00 non-refundable application fee (If emailed, need credit card billing information OR  PO#)

(for office use only)     ACEP ACTION TAKEN
File #_________________ Date Rec’d by CME Approval Coordinator ______________ Date sent to NER ____________
National Education Representative

□ Approved for ________ credits per week of ACEP Category I credit for the period on application. □ Disapproved

Comments

Signature of National Education Representative_________________________ Date__________________

12/08
ACEP Category I Enduring Materials Credit for Educational Programs with AMA Credit
ACEP Category I Enduring Material Application Process

Required application documentation (2 copies each)
- Copy of AMA PRA Category 1 approval letter from ACCME accrediting organization/sponsor
- Accreditation statement indicating that activity was planned in accordance with ACCME Essential Areas and Policies
- List of authors including names, titles, and addresses AND brief curriculum vitae for each
- Measureable learning objectives for overall activity indicating target audience
- Measureable learning objectives for each component
- Narrative Description of each component
- Copy of enduring material including all supplemental and/or illustrative materials
- Statement specifying overall length of recorded material and estimated study time for completion.
- Teaching methods to be employed and knowledge or skill level to be attained
- References for body of knowledge presented and later study beyond the content covered
- Instructions to learner
- Materials requiring student’s active participation (questions and/or solving patient management problems)
- Post-test or other evaluation (if post-test include: justification of correct answers, explanation of test confidentiality, and copy of corresponding confidentiality statement)
- Procedure to verify physician participation
- Attestation that each CME activity is in compliance with all appropriate US and international copyright laws
- Copy of draft brochure or advertisements (must be submitted a minimum of 30 days prior to printing)
- $250 per 5 CME credit hours non-refundable application fee

NOTE: Refer to TAB 12 of CME handbook for specific guidelines for newsletters, audio/video recordings, and computer based activities.

General Requirements
- Application to be submitted 120 days prior to program start date
- Program must have AMA PRA Category 1 credit
Definition

The ACCME defines CME enduring materials as printed, recorded, or computer based instructional materials which may be used over time at various locations and which, in themselves, constitute a planned activity of continuing medical education. Examples of such materials for independent learning by physicians include: programmed texts, audio and video recordings, or computer based instructional materials that are used alone or in combination with written materials. Not included are reference materials such as books, journals or manuals.

The ACCME also states that, in addition to all applicable ACCME requirements, providers of enduring materials must communicate the following to participants prior to starting the educational activity:

- Principal faculty and credentials
- Medium or combination of media used
- Method of physician participation
- Estimated time to complete the educational activity (same as designated credit hours)
- Dates of original release and most recent review or update

Obtaining ACEP Category I Credit for Enduring Materials

The purpose of the review of enduring materials for ACEP Category I credit is to determine if the program is directly focused on the needs of emergency physicians. The review process does not constitute a critique or endorsement of the program.

- Enduring materials that already have AMA Category 1 credit can apply for ACEP Category I credit.

Note: ACEP chapters have not been accredited by the ACCME to award AMA credit; national ACEP is the body that has that responsibility.

Enduring materials can be programmed texts, audio and video recordings, or computer based instructional materials.

Criteria for ACEP Category I Credit for Enduring Materials

When evaluating the materials, the National Education Representative considers the following:

- Requires submission of AMA PRA Category 1 approval letter from an ACCME accredited provider or a copy of your ACCME accrediting certificate.
- Content: No major errors, omissions or outdated materials should be included. Clinical information must not significantly differ from national standards of care in emergency medicine. Continuing medical education experiences deal with the opinion of specific authors or experts; thus, controversy may arise relative to some of the educational materials contained within any program. Such material should be routinely accepted as long as it does not differ significantly from the national standards of care in emergency medicine. In areas where a well-recognized minority opinion is expressed, a statement should be included by the author recognizing that his/her opinion is a minority one.
- Design: The program should include well-defined subject matter with objectives, quality reproductions, and adequate references provided for both the program materials and for further study.
- Audience: Material should address the graduate emergency physician.
- Student Interaction: The program should, at a minimum, contain a written test with individual feedback provided (including answer justification; justification can be a reference to the page(s) where the concept...
was documented in this program). Evidence of provisions for providing confidentiality of test results should be apparent.

Programs will be rejected when there are deficiencies in all three of the following areas:

- Content: occasional error, omission, or outdated materials.
- Design: scant course objectives, inadequate references, occasional inappropriate reproductions, subject matter poorly defined.
- Student Interactions: written test with individual feedback only (no norm reference information).

Programs will be rejected when there are deficiencies in any one of the following areas:

- Content: differs significantly from national standards of care in emergency medicine, several important omissions or outdated material.
- Design: no course objectives, subject matter poorly defined, significant inappropriate reproductions (such as black and white photographs for problems requiring color), inadequate references for justification or for further study.
- Audience: not graduate physician level.
- Student Interactions: examination results not secure.

Required Documentation

To apply for ACEP Category I credit for an enduring material, the following must be submitted:

- A completed application form.
- Submission of AMA PRA Category 1 approval letter from an ACCME accredited provider or a copy of your ACCME accrediting certificate.
- A list of authors including names, titles, and addresses with brief curriculum vitae for each.
- Accreditation statement indicating that this CME activity was planned in accordance with the ACCME Essential Areas and Policies.
- A clear, concise statement of the measurable learning objectives of the overall program which should indicate the intended audience.
- Measureable learning objectives for each specific component of the program.
- Clearly stated instructions to the learner.
- Supplemental materials to amplify, clarify and reinforce specific information, eg, outline or study guide, such illustrative materials as photographs, charts or graphs.
- References for both the body of knowledge presented and for later study beyond the content covered in the educational material.
- Materials that require the student's active participation, such as answering questions and/or solving patient management problems.
- Teaching methods to be employed and knowledge or skill level to be attained.
- A post-test or other evaluation which will reasonably assess whether the participant has achieved the educational objectives. If a post-test, include: a) Justification of correct answers. Justification may be a reference to the page(s) where the concept was documented; b) Explanation of how test results are kept confidential.
- A procedure to verify physician participation.
- Attestation that each CME activity is in compliance with all appropriate US and international copyright laws.
- Non-refundable application fee determined according to the following schedule:

  - $250 – 1-5 hours
  - $500 – 6-10 hours
  - $750 – 11-15 hours
  - $1000 – 16-20 hours
  (For additional hours, add $250 per 5-hour increment)
Newsletter Guidelines

- Minimum of 4 pages.
- A range of 10-15 minutes per page (10 minutes for loosely printed, 15 minutes for dense type). A page should be approximately 750 words.
- Time for taking a CME test is included in the time per page calculation.
- A minimum of 4 CME questions per requested credit hour.
- Credit statement should clearly state that in order to receive ACEP Category I credit the CME test must be returned.

Audio and Video Recording CME Guidelines

- Hour for hour credit for the recording.
- For test taking, add from 50-100 percent of the recording time.
- A minimum of 4 CME questions per requested credit hour.
- Credit statement should clearly state that in order to receive ACEP Category I credit the CME test must be returned.

Computer Based CME Guidelines

- Computer based educational activities should have a method for uniquely identifying participants, eg, social security or medical license number.
- Credit hour designation should be based on the average time of a typical user to complete the program and post-test (total time designation may include time to review the material and complete the post-test). The method used should be documented in the application.
- The program should have a mechanism to document or verify active participation. A statement, to be signed or otherwise electronically verified by the participant, should be included to attest that the participant receiving the credit has done the work themselves to complete the program material and post-test.

- The awarding of the credit hours should be based on completion of the activity evaluation. A content evaluation is encouraged. These evaluations should be reviewed periodically (at least annually) and results reported to ACEP.
- The participant should be eligible for credit on each activity only once per year. The program should provide documentation informing the participant that each educational activity may be taken only once a year.
- A mechanism to report credit hours earned by participants must be provided to ACEP.
- A mechanism, in conjunction with ACEP, of transmitting verification of completion of the activity and the awarding of hours to the participant must be provided.
- Fees should be based on current ACEP guidelines.
- Each CME activity must be in compliance with all appropriate U.S. and international copyright laws as attested to by the applicant.
- Each educational activity must have a mechanism for reporting content and credit hour changes to ACEP.

Exceptions to an Entire Review

Enduring materials will be reviewed in their entirety with the following two exceptions:

- Large volumes of printed materials (such as Scientific American Medicine): These programs may be reviewed on the basis of a random sample of no less than 25% of the entire material submitted. If these 25% meet the criteria, then approval may be granted. If these 25% do not meet the criteria for approval, the program may be disapproved on this basis.
- Periodicals produced throughout the year (such as Clinical Sports Medicine): A review will be conducted on materials sent. These materials should consist of 25% of a year’s production and may be materials produced during the preceding year or drafts
of materials to be produced in the future. If these materials meet the criteria for ACEP Category I, one-year provision approval will be given. This approval is contingent upon all future materials being submitted to ACEP for monitoring throughout the year of provisional approval. Should such materials fail to continue to meet the criteria for Category I, ACEP approval may be withdrawn.

Partial Approval

Most enduring materials will receive total approval or disapproval; however, partial approval may be given in some instances. For example, should a program consist of distinctly separate units (i.e., five audiocassettes, three of which are physician level and two, paramedic level), Category I may be given to the units that meet the criteria for ACEP Category I credit and withheld from the units that do not meet the criteria. It will be the responsibility of the producer/sponsor to clarify this distinction to the learner.

Length of Approval Period

Enduring materials with non-changing content, such as programmed texts, audio and video recordings, and computer based instructional materials, are approved for a period of three years. Enduring materials with changing content from year to year, such as printed periodicals, are approved for a period of one year. When materials with unchanging content are given one-year provisional approval based upon submission of 25% of the materials for the program, that approval will be extended for two additional years when all materials have been received and approved.

Processing an Application

ACEP must receive a complete application package at least 120 days before the release date of the material. After ACEP receives the completed enduring materials application with related materials, it is sent to the National Education Representative for final review and approval. An official approval letter will be sent as soon as approval is received from the National Education Representative. This usually occurs about 3-4 weeks after the completed application packet has been forwarded to the National Education Representative for review.

Credit Statement

Once a program director has been notified of ACEP Category I approval for an enduring material, the following credit statement may be used:

"Approved by the American College of Emergency Physicians for «hoursapproved» hour(s) of ACEP Category I credit."

Non-changing content products are approved for 3 years; changing content products are approved for 1 year.
1. Program Title:______________________________________________________________________________________________________________________

2. Type of Educational Materials (Printed, Audio-visual, Computer-based, Film, etc.)________________________________________________________________

3. Sponsoring Organization:_____________________________________________________________________________________________________________

4. What ACCME accredited organization has given this program AMA Category I credit toward the Physician’s Recognition Award?_________________________
__________________________________________________________________________________________________________________________________

5. Producing Institution and/or Organization:________________________________________________________________________________________________

6. Program Director:____________________________________________________Phone: Ofc.______________________ Home__________________________
Complete Mailing Address:____________________________________________________________________________________________________________________
City, State, Zip __________________________ Email _____________________________

7. Number of hours needed to complete the program (number of ACEP Category I hours applied for):__________________________________

8. Cost of Materials to user:_________________________________

9. Planned Date of Release: _____________________________________________
Last Date of Release/Approval (if applicable): _________________________

9. Where may materials be obtained? (contact name/organization, address and telephone number(s), email address/website)
__________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________

11. What equipment is necessary for physicians to participate in this learning activity?

12. Were emergency physicians involved in planning these materials? Yes_____ No_____ If Yes, please list:
______________________________________________________________________________________________________________________________
Name     Address       Telephone
______________________________________________________________________________________________________________________________
Name     Address       Telephone
If No, how have you ensured that the material is focused on the needs of the emergency physician?
______________________________________________________________________________________________________________________________

13. Program Director’s Signature __________________________________________________________________________ Date ___________________________

Must include 2 copies of final drafts of all materials (listed below) with your completed, signed, and dated application form
120 days prior to material start date.
Website addresses and/or links ARE NOT ACCEPTABLE; you must submit hardcopies of all information

Γ Copy of your AMA PRA Category 1 approval letter OR ACCME accrediting certificate
Γ Accreditation Statement indicating that activity was planned in accordance with ACCME Essential Areas and Policies
Γ List of authors and their CVs
Γ Measureable learning objectives for overall activity indicating target audience
Γ Measureable learning objectives for each component
Γ Narrative Description of each component
Γ Copy of Enduring Material including all supplemental and/or illustrative materials
Γ Statement specifying overall length of recorded material and estimated study time for completion.
Γ Teaching methods to be employed in this material and knowledge or skill level to be obtained
Γ References for use during the educational activity and further study
Γ Instructions to learner
Γ Materials requiring student’s active participation
Γ Post-test or other evaluation
Γ Procedure verifying physician participation
Γ Attestation by applicant that each CME activity is in compliance with all appropriate US and international copyright laws
Γ Copy of draft brochure or advertisements (must be submitted a minimum of 30 days prior to printing and/or posting)
Γ Non-refundable application fee in amount determined by the fee schedule ($250 per 5 CME hours)

PLEASE ALLOW 120 DAYS FOR REVIEW OF ENDURING MATERIALS.
Office Use Only

ACEP ACTION TAKEN

File Number: __________ Date Rec’d by CME Approval Coordinator: ______________ Date sent to NER: ______________

National Education Representative:

Γ Approved for ______ hours of ACEP Category I credit - Length of Approval Period: ______________ Γ Disapproved

Comments: __________________________________________________________

Signature of National Education Representative: __________________________ Date: __________________________
A

PLS: The Pediatric Emergency Medicine Course was developed by the American Academy of Pediatrics (AAP) and ACEP and is oriented toward initial assessment and early treatment of ill and injured children. It is designed to provide a core knowledge in pediatric emergency medicine for health care providers who care for children in emergency settings. Its goal is to educate, not to certify competence. While APLS complements the PALS course, which concentrates on the early recognition and treatment of respiratory failure and shock, as well as resuscitation skills, APLS concentrates more on specific disease entities and their management.

Information on developing and implementing an APLS course is online at www.APLSonline.com.

Obtaining ACEP Category I Credit for an APLS Course

There are three ways organizations can obtain ACEP credit for their APLS courses:

- Courses that already have AMA credit can apply for ACEP Category I credit.
- ACEP chapters can request to jointly sponsor an APLS course with national ACEP, and national ACEP awards the AMA Category I credit and ACEP Category I credit. ACEP chapters have not been accredited by the ACCME to award AMA credit; national ACEP is the body that has that responsibility.

- Organizations offering courses that do not have AMA credit can, in very limited cases, jointly sponsor the courses with ACEP chapters and national ACEP; national ACEP awards the AMA credit and ACEP Category I credit. Please check with the local ACEP chapter for the limited circumstances for such 3rd party relationships.

Criteria for ACEP Category I Credit for an APLS Course

- Approved by the APLS National Coordinator. The “Application for Course Implementation” is online at www.APLSonline.com.
- Approved APLS Course Director. The “Application for Course Director Status” is online at www.APLSonline.com.
- Approved for AMA Category I credit, or in limited circumstances, jointly sponsored by national ACEP and one of its chapters.
- There is no fee for ACEP Category I credit for an APLS course.

Required Documentation

To apply for ACEP Category I credit, the APLS Course Director must submit the following to national ACEP at least 60 days before the program:

- ACEP Category I credit application.
- Documentation that the course has been approved by the APLS National Coordinator.
- Documentation that the course is being conducted by an approved APLS Course Director.
- Course schedule, as approved by the APLS National Coordinator.

Review Process

When an application for ACEP Category I credit is received at national ACEP, it is reviewed and approved by the CME Approval Coordinator, who ensures that all parts of the application are complete. If the application is approved, course directors will be notified within 30 days, if not sooner.
Approval Period

Once approved, an APLS course is valid for one calendar year from the first offering date and can cover multiple offerings of the course using the same schedule and faculty.

Credit Statement

Once a Course Director has been notified of ACEP Category I approval for an APLS program, the following credit statement may be used:

"Approved by the American College of Emergency Physicians for a maximum of ___ hours of ACEP Category I credit."

Official APLS courses must offer specific topics and skills labs and be taught by an approved Course Director.
Joint Sponsorship – Chapter and National ACEP
Chapter Jointly Sponsored Meeting Application Process
Page 1 of 2

General Requirements
- National Education Representative (NER) must be involved from initial planning phase of activity
- Application to be submitted 60 days prior to program start date (minimum 75 days to be published on ACEP’s website and in the Calendar section of the Annals of Emergency Medicine)

Note: See next page for required application and post course documentation/requirements/timeline
Chapter Jointly Sponsored Meeting Application Process
Page 2 of 2

Required application documentation (2 copies each to be submitted at least 60 days prior to meeting start date)
- Needs assessment (survey results, evaluation data from previous activity, committee minutes, or other material showing how need was determined
- Complete program time schedule
- Measurable learning objectives (overall and for each individual lecture/activity)
- Precise narrative description of each lecture/activity
- Description of target audience
- Overall course description of educational content
- Copy of draft brochure, letter of invitation, and/or announcements (must be submitted a minimum of 30 days prior to printing)
- Copy of evaluation form along with name of onsite evaluator
- Faculty list to include names, titles, and addresses
- $175.00 non-refundable application fee (if e-mailed, need credit card or PO#)

Required post course documentation (to be submitted within 60 days after the program)
- Three copies of final brochures showing course objective, sponsor acknowledgement, credit statement, target audience, and conflict of interest statement
- Evaluation summary (not individual forms)
- Final attendance roster (typed) designating physicians vs non-physicians (daily sign-in sheets not acceptable)
- Copies of Letters of Agreement/commercial support forms (must be executed in full/signed by all parties prior to the event)
- Signed disclosure forms for all planners and faculty members (must be signed/dated prior to meeting start date)
- Written documentation reflecting that all conflicts of interest and an explanation of the nature of the relationships were disseminated to the audience (i.e. brochure, agenda, or syllabus cover sheet)
- Summary of results for patient outcome measure mechanism

Timeline
- 6-9 months prior to meeting - contact National Education Representative for planning input
- At least 60 days prior to meeting - submit application package to include completed Form 2 and all required application documentation
- At least 30 days prior to printing – submit promotional material copy for review (draft brochure, letter of invitation, and/or announcements)
- Prior to meeting start date – obtain all signed disclosure forms for all planners and faculty
- Prior to meeting start date – obtain all Letters of Agreement (LOA’s) and/or Commercial Support forms (must be executed in full/signed by all parties prior to the event)
- Within 60 days following meeting – Submit all required post course documentation
ACEP does not usually jointly sponsor directly with anyone other than their state chapters. Chapter programs can apply for joint sponsorship, and when approved, you will simultaneously receive both AMA PRA Category 1 and ACEP Category I CME credit.

The following processes must be followed for all ACEP chapter educational programs wanting to offer CME credit under a joint sponsorship basis.

**General Application For Joint Sponsorship**

Under joint sponsorship, ACEP as the accredited provider accepts responsibility that the ACCME’s Accreditation Policies and Procedures are met when educational activities are planned and presented with non-accredited providers, such as ACEP’s state chapters. Form 1 asks for information on the chapter’s mission statement regarding CME, its planning processes for educational programs, and the administrative resources available for supporting a program, which covers all the ACCME’s Essential Areas.

- Chapters fill out Form 1 detailing the chapter’s processes and resources for supporting an educational program. **Chapters submit Form 1 once every three years.**
- Chapters submit Form 1 and its related documents to national ACEP, where it is initially reviewed for documentation completion. It is then sent to a National Education Representative for final review and approval. Review time by the NER is typically 30-45 days.
- After approval, national ACEP will notify the chapter within 30 days, approving or denying the application for the joint sponsorship agreement.

**Applying for Specific Course Joint Sponsorship**

The below steps are crucial in meeting the ACCME Essential Areas and Policies and ACEP’s policies on joint sponsorship.

- The chapter decides to develop and implement a *course based on identified needs.*
- Chapter Education Representative immediately contacts the assigned National Education Representative. Both representatives should be prepared to discuss all aspects of the CME activity. This is usually accomplished via face-to-face meeting or by teleconferences. The idea is to **involve the National Education Representative in the planning process; this is critical in meeting the ACCME Essential Areas.** (Refer to Tab 17, NER Meeting Prep Checklist)
- Chapter to request and obtain **signed disclosure forms** for all meeting planners and faculty participating in the conference **prior to the event** (refer to disclosure documents, Tab 5).
- The chapter completes the specific CME activity application form, **Form 2, and sends the complete application package to national ACEP at least 60 days before the course.** The course application form requires specific information and documentation.

Note: After national ACEP receives the application, they will place an announcement without credit information in the Calendar section of the *Annals of Emergency Medicine* and also on the Master Calendar of ACEP’s
website. After the application is approved, credit awarded will be added to these listings.

- National ACEP sends the complete application packet to the National Education Representative for final review and approval once it has been determined that the supporting documentation meets ACCME criteria based on ACEP policy/procedures.
- The chapter MUST submit any promotional material copy (brochure, advertisement, letter of invitation, etc.) at least 30 days before the promotional material is printed, to allow national ACEP staff to review and approve for the required elements. We cannot officially approve promotional materials for printing prior to the course being approved for credit by the National Education Representative.
- After the National Education Representative notifies ACEP in writing that the program has been approved, ACEP will issue an approval letter to the chapter.
- Within 60 days after the program has been held, the chapter must submit post-course copies of the final brochure, the evaluation summary, final attendance roster with delineation of physician vs. non-physician counts, Letters of Agreement for educational grants from commercial supporters, signed disclosure statements, conflict of interest statement(s), and a summary of results for patient outcome measures. National ACEP will deny joint sponsorship requests for up to two years to chapters that do not submit these required documents.

- The approval period for the activity is for one year. National ACEP must be notified of additional offerings, and brochure copy must be submitted (if a new one is printed) for each additional offering of the same course within that year. To qualify as an additional offering, the repeat course must present the same topics, learning objectives, and CME hours; faculty may change.

Note: On the initial planning and development consultations with the National Education Representative, it is recommended that a physician serve as the Chapter Representative due to the nature of the discussions about clinical topics that might arise.

Promotional materials must first be sent to ACEP for review and approval BEFORE printing and distribution.

Penalties and Appeals

The Education Committee, under the direction of ACEP’s president and Board of Directors and in conjunction with the ACEP Educational Products Division, will act as an oversight and review body. It will review any appeals from the chapters, review evaluation summaries, review the process to see if it needs revision, and will review the activities of the National Education Representatives for consistency.

Timeline

These times are guidelines only; call the Educational Products Division at national ACEP with any timing concerns:

- Send national ACEP the General Application form, if not already on file: every 3 years.
- Idea for meeting: 9-12 months before.
- Contact National Education Representative regarding a specific CME activity for planning input: 6-9 months before.
- Chapter to request and obtain signed disclosure forms for all meeting planners and faculty participating in the conference prior to the event. Non-compliance may result in non-approval of future activities.
- Form 2 application package must be received in national ACEP office at least 60 days before course. Applications must be accompanied by all required support
documentation prior to being sent to the National Education Representative for approval. Late submittal may result in non-approval.

- Chapter submits promotional material copy to national ACEP 30 days before promotional material printing. (National ACEP will notify the chapter of approval with any needed changes usually within 3 working days.) Non-compliance may result in non-approval of future activities.

- Letters of Agreement (LOAs), if applicable, must be executed in full (signed by all parties) prior to the event. Non-compliance may result in non-approval of future activities.

- Within 60 days after course, national ACEP must receive final brochure copies, the evaluation summary, final attendance roster with delineation of physician vs. non-physician counts, any outstanding Letters of Agreement for educational grants from commercial supporters, signed disclosure statements, conflict of interest statement(s), and a summary of results for patient outcome measures. Non-compliance may result in non-approval of future activities.

When chapters plan to offer a program outside their own state, they should notify the ACEP chapter of that state in which the program will be held.

Promotional Materials

Promotional material copy can be formatted as a brochure, advertisement, letter of invitation, or as a postcard. It must be submitted to national ACEP for review and approval of the following elements:

- Proper credit statement
- Communication of course objectives and target audience
- Faculty listing including conflict of interest statement
- Display of sponsor acknowledgement

The proper credit statement consists of four paragraphs:

This activity has been planned and implemented in accordance with the Essential Areas and Policies for the Accreditation Council of Continuing Medical Education through joint sponsorship of ACEP and (name of ACEP Chapter) and (if applicable, name of third party).

The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this educational activity for a maximum of [hoursapproved] AMA PRA Category I Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for [hoursapproved] hour(s) of ACEP Category I credit.

Please note that in referring to AMA Category I credit, the Arabic number “1” is used; when referring to ACEP Category I credit, the Roman numeral “I” is used.

When stating names of organizations in the credit section, they should be spelled out when first used; it is acceptable in subsequent uses to use abbreviations.

When developing measurable learning objectives and in completing this statement, “Upon the conclusion of this course, participants should be able to...” it is important to use good action verbs. “Understand” is not a measurable objective because it is difficult to measure or know what someone understands. Better verbs would be “explain”, “describe”, “discuss”, “determine”, “assess”, “analyze”, etc. (For more tips on how to write good learning objectives, refer to the “Tips for Writing Learning Objectives” included in this section.)

12/2008
If faculty disclosures are not received before promotional material goes to print or if all the faculty disclosures received do not indicate any conflict of interest, this brief statement regarding conflicts of interest is to be used in promotional materials:

“In accordance with ACCME Standards and ACEP policy, all faculty are required to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).”

If faculty disclosures are received before promotional material goes to print and indicate conflicts of interest, then the appropriate faculty member is asterisked and this statement is used:

“*These presenters have indicated, in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards and the policy of the (chapter name), that they have a relationship which, in the context of their presentation, could be perceived by some as a real or apparent conflict of interest, (e.g., ownership of stock, grants, honoraria or consulting fees), but these presenters do not consider that it will influence their presentation.”

If there are conflicts of interest indicated by faculty members, then the on-site materials for the participants, preferably the program syllabus, should contain a statement of the nature of the relationship (see disclosure forms, Tab 5).

Sponsor acknowledgement is stated on the front of brochures. Chapters are not permitted to use any form of the official registered ACEP logo, including the logo sheet font style. National ACEP (accrediting organization) and/or third party acknowledgement does not have to be the same size proportion as the Chapter name.

Short Formats (postcards, ads, website ads): Due to the space limitations of such formats where it is not possible to state the entire 4-paragraph credit statement, the words “Sponsored by . . . and ACEP” are required to be used. However, if such initial, save-the-date type activity announcements include more specific information like faculty and objectives, the accreditation statement must be included.

Promotional materials including reference to ACEP or CME credit cannot be printed and distributed until approval for materials is granted by national ACEP. Approval is contingent upon submission and subsequent approval of a complete application package containing all required documentation. If a chapter has a promotion piece which makes absolutely no reference to ACEP or CME credit, it may be printed and distributed before national ACEP approves the application for credit; but the promotional pieces must still be submitted to ACEP for review and approval.

If a chapter has an ad for a jointly sponsored program to place through ACEP’s publisher, Mosby, for the Calendar section of the Annals of Emergency Medicine, please remember to first submit it to ACEP for review and approval.

If there is any mention of ABEM in the promotional material, this disclaimer is to be used: “Not affiliated with ABEM.”

Remember, the only “sponsors” of a jointly sponsored program are the chapter and national ACEP (and a third party, if applicable):

- “Presented by”: OK to use instead of “Sponsored by”.
- “Endorsed by”: don’t use for a third party sponsor or a commercial supporter.
- “In conjunction with”, “In cooperation with”, or “Endorsed by” can be used if the listed groups are not “true” sponsors (not chapter, third party, or national ACEP).
- “Supported by” or “Underwritten by”: to be used by commercial supporters or those groups donating educational grants.
“Co-Sponsored by”: don’t use for jointly sponsored programs with ACEP—this terminology is reserved only for two accredited sponsors (ie, both can grant AMA credit) who are developing and implementing a program together.

Post-Course Documents

The following documentation is required by the ACCME to remain on file with the accredited provider (ACEP) for a period of up to six years and is subject to review for completeness by the ACCME at any time.

- Attendance Rosters: Typed list of names and addresses, with a total tally designating physicians and non-physicians. Sign-in sheets for each day are not acceptable.
- Signed Disclosure Forms: Required for all meeting planners and any faculty presenting at a CME event. If any conflicts of interest are noted, then the chapter will be asked to provide proof of how the nature of this relationship was conveyed to the program audience. This compliance is easy to demonstrate in the form of written documentation such as the brochure, agenda, or syllabus cover sheet on which disclosure took place (again, an explanation of the nature of the relationship). Current ACCME Guidelines do not allow for verbal disclosure. (See Tab 5 for examples of disclosure form and conflict of interest disclosure formats)
- Final Brochure Copy: At least 3 original copies of final brochure are required.
- Summary of Evaluations: Individual evaluation forms are not required, only a summary.
- Letters of Agreement for Educational Grants from Commercial Supporters: Once this form has been executed by the chapter and signed by a chapter representative and commercial supporter representative, then it is submitted to national ACEP for final signature. A copy is kept for the program file at national ACEP and a copy returned to the chapter.
- A summary of results obtained from patient outcome measure mechanism.

Joint Sponsorship Application Fees

Chapter Programs - $175

File Retention

National ACEP retains the program files of jointly sponsored programs for seven years; chapters must retain attendance records at least six years. In addition to attendance records, chapters must retain other essential documentation for jointly sponsored program files for a minimum of four years. During an ACEP reaccreditation application process through the ACCME (currently on a 4-year cycle), it may be necessary to refer to chapter program files to answer any questions that might arise from an audit. When third party jointly sponsored programs are involved, the chapter will be held responsible by national ACEP for retaining and providing the pertinent documentation in the event of inquiries. Listed below is the important documentation to retain for jointly sponsored program files:

- Final Attendance Roster
- Evaluation Summary
- Final Brochure (and any other promotional format) showing course objectives, sponsor acknowledgement, credit statement, target audience, conflict of interest statement
- Signed Disclosure Statements (meeting planners and faculty)
- Letters of Agreement for Educational Grants from Commercial Supporters
- Narrative Descriptions of lectures
- Needs Assessment
- Evaluation Form sample
- Faculty List (with complete names, titles, and addresses)
- Summary of results obtained from patient outcome measures mechanism

When in doubt about any joint sponsorship process, contact national ACEP.

12/2008
Chapter Name: ____________________________________________________________
Chapter Education Representative: __________________________________________

Course Title:_______________________________________________________________________________________________________________

Date(s) and Location(s):______________________________________________________________________________________________________

Registration Contact: ___________________________________________ Phone: __________________________________________________

Complete Mailing Address: ___________________________________________________________________________________________________
City, State, Zip _______________________________________________________________   Email ______________________________________

Amount of Application Fee: ______________________________________  □ Check # __________  □ Invoice  □ Direct Access Chapter Acct

Credit Card # _______________________  Exp Date ______  Name on card _____________________  Signature ________________________

Course Registration Fee: _____________ to _____________  Number of hours of AMA/ACEP CME Credit Requested: __________

Essential Area #1

1. CME activity is consistent with College mission statement and strategic plan. (Check off which mission and value statements apply.)
   □ support quality emergency medical care
   □ promote the interests of emergency physicians
   □ quality emergency care is a fundamental individual right and should be available to all who seek it
   □ there is a body of knowledge unique to emergency medicine that requires continuing refinement and development
   □ quality emergency medicine is best practiced by qualified, credentialed emergency physicians
   □ the best interests of the patient are served when emergency physicians practice in a fair, equitable, and supportive environment
   □ the emergency physician has the responsibility to play the lead role in the definition and evaluation of quality care.

Essential Area #2

1. CME activity addresses needs identified through needs assessment and is relevant to emergency medicine. Please check which methods were used and attach 2 copies of all areas selected:
   □ survey of target audience   □ mortality/morbidity statistics
   □ self assessment   □ faculty perception
   □ patient care audit   □ consensus of experts
   □ peer review   □ other (describe) ________________________________________________________________

You must provide documentation. Attach 2 copies of survey results, evaluation data, committee minutes, or other material to show how the need was determined.

2. CME activity has:
   □ a. complete program time schedule (attach 2 copies)
   □ b. measurable learning objectives (overall and for each individual lecture topic) (attach 2 copies)
   □ c. identified target audience (attach 2 copies)
   □ d. description of overall course educational content (attach 2 copies)
   □ e. narrative description for each individual lecture topic (attach 2 copies)
   □ f. mechanism to make objectives known to participants (draft of brochure, letter of invitation, or announcement)

Draft brochure copy must be submitted for approval at least 30 days prior to printing.

3. Educational format and methods are consistent with stated objectives. (Check which formats will be used).
   □ lecture  □ case presentations  □ workshops  □ film or slide projections  □ hands-on lab
   □ formal discussion period  □ panel presentation  □ other________________________

12/08
Essential Area #3

1. There is a mechanism in place to evaluate the activity and the data are used to plan future CME activities.
   a. Attach evaluation plan - include sample forms and name of onsite evaluator (2 copies)
   b. Within 60 days after the program, submit evaluation summary (2 copies)
   c. Describe how this data will be used to plan future CME activities (2 copies)

2. Management Procedures and Resources
   □ a. Competent faculty on program (submit 2 copies of faculty names, titles, and addresses)
   □ b. Facility for CME activity is appropriate for CME (describe)
   □ c. Program budget: Budget forecast

3. How much of your program will be funded by grants or corporate sponsors? _______________________
   If any, please continue…

If the chapter secured commercial support for the program, the following procedures must be followed:
   □ a. The chapter will maintain control over the content presented and the speakers selected for the program. Educational grants will be solicited after the program content has been determined and speakers identified.
   □ b. Speakers will be notified in advance if their presentation is supported by a corporation.
   □ c. The course must present a balanced view of all therapeutic options.
   □ d. The grants will be paid directly to the chapter; grants to offset legitimate educational meeting expenses, coffee breaks, meals, receptions are permitted. Financial subsidies from corporations to attendees are not permitted.
   □ e. The financial support will be acknowledged in the meeting brochure or other onsite materials along with a statement that the content of the project/presentation is solely the product of the chapter and/or the speaker.
   □ f. There is no mention of a commercial product unless it is clearly identified as an advertisement.
   □ g. Speakers must complete full disclosure form. (to be kept on file in the chapter office)

National Education Representative Contact Details

<table>
<thead>
<tr>
<th>National Education Representative</th>
<th>Date of Contact: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ a. Name of National Education Representative</td>
<td></td>
</tr>
<tr>
<td>□ b. Nature of discussion: ____________________________</td>
<td></td>
</tr>
<tr>
<td>□ c. Needs Assessment</td>
<td></td>
</tr>
<tr>
<td>□ d. Objectives</td>
<td></td>
</tr>
<tr>
<td>□ e. Format</td>
<td></td>
</tr>
<tr>
<td>□ f. Other, please describe</td>
<td></td>
</tr>
</tbody>
</table>

The applicant agrees that national ACEP will bear no financial obligation in connection with the program. The applicant also agrees to fully adhere to all the procedures and guidelines described herein. The applicant acknowledges that the promotional material for jointly sponsored activities must carry national ACEP’s name in the approved accreditation statement. Any other reference to national ACEP’s name use must be approved.

Proper credit statement indicating ACEP is the accredited organization:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of ACEP and (name of ACEP chapter) and (if applicable, name of third party).

The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this educational activity for a maximum of _____ AMA PRA Category 1 Credit(s) ™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for _____ hour(s) of ACEP Category I credit.
Check List for Chapter Meetings Jointly Sponsored with National ACEP

This checklist is to assist you in marking your progress in your request for joint sponsorship. **It is not all inclusive and it does not supersede the application and/or handbook guidelines.**

**Course Name/Date __________________________________________________________________________________**

__ Fill out and send General Application for Joint Sponsorship (Form 1). (Only once every 3 years)
__ Appoint a Chapter Representative for the course.
__ Chapter Representative contacts the National Education Representative assigned to your chapter for initial planning and development of course and to discuss course objectives, etc.
__ As faculty is confirmed, send out disclosure forms to faculty and all program planners for signature/date.
__ Develop promotional material using proper credit statement, sponsor acknowledgement, target audience, learning objectives, faculty list, and conflict of interest statement.
__ Submit the promotional material copy no later than 30 days prior to printing to the CME Approval Coordinator at national ACEP for review.

<table>
<thead>
<tr>
<th>Send completed application (Form 2) to national ACEP, along with application payment and 2 copies each of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Needs assessment information</td>
</tr>
<tr>
<td>____ Measureable Learning Objectives for each lecture topic</td>
</tr>
<tr>
<td>____ Measureable Learning Objectives for overall course</td>
</tr>
<tr>
<td>____ Narrative Description for each lecture topic</td>
</tr>
<tr>
<td>____ Complete faculty list, including names, addresses, and titles</td>
</tr>
<tr>
<td>____ Evaluation forms along w/name of onsite evaluator</td>
</tr>
</tbody>
</table>

**THESE ITEMS MUST BE SENT AT LEAST 60 DAYS BEFORE THE COURSE.**

**THE COURSE MUST BE APPROVED BEFORE PROMOTIONAL MATERIALS CAN BE APPROVED FOR PRINTING/DISTRIBUTION/POSTING.**

__ Submit copies of all signed disclosure statements (if conflicts of interest are indicated, provide documentation from on-site materials explaining the nature of the relationship to participants).**

__ Submit Letters of Agreement for educational grants from Commercial Supporters (submitted to national ACEP for final signature after signatures obtained from commercial supporter and chapter).**

**Faculty Disclosure Form / Letter of Agreement MUST be signed/dated by all parties prior to the event; national ACEP is always the last party to sign the form.**

**Within 60 days after the course**, send national ACEP the following items:

__ A summary of evaluations (NOT the individual evaluation forms)
__ Final promotional material copy (3 copies)
__ Final attendance roster (typed with complete names and addresses, designating total tally of physicians and non-physicians) – DAILY SIGN-IN SHEETS ARE NOT ACCEPTABLE.
__ A summary of results obtained from patient outcome measure mechanism.

**NATIONAL ACEP MAY DENY JOINT SPONSORSHIP REQUESTS FOR UP TO TWO YEARS TO CHAPTERS THAT DO NOT SUBMIT THIS DOCUMENTATION.**
TIPS FOR ON-SITE EVALUATORS

While the on-site evaluator appointed by the chapter is present as an additional set of eyes and ears at educational offerings, it is the sponsor’s responsibility to ensure compliance with the ACCME guidelines. The on-site evaluator should note as many positive and negative aspects of the offering as time permits and relay this data to the sponsors.

Assess if the facility for the educational offering seems to be appropriate and convenient for audience size.

Note if there is sufficient staff on hand to handle registration and other needs of attendees.

Question staff members to determine problems, improvements, and enhancements for future offerings.

Question attendees to determine their satisfaction/positive experience with conference. Were their learning objectives met?

Question the faculty members for their input as to improvements, complaints, compliments, etc.

Monitor as many lectures as possible to evaluate faculty, especially new speakers, and to determine competency of faculty.

Note if ample time was allowed for debate and questions following the lectures.

Examine on-site materials to see if they relay the following:
- Sponsor acknowledgement
- Credit statement
- Learning objectives
- On-site schedule
- Target audience
- Faculty listing
- Faculty disclosures of conflicts of interest

Note if sufficient copies are available of syllabi, maps/directions to classrooms, evaluation forms, etc.

Note if any commercial support/promotions are conducted inside of classrooms during educational portions. If this occurs or if commercial promotions are included in syllabus materials, notify on-site staff that this must be corrected immediately.

Note sign placement for classrooms – are they easy-to-read and updated when necessary?

Review beforehand the ACCME Standards for Commercial Support (see Tab 4) and note any discrepancies:

- Is the CME activity free of commercial bias for or against any product?
- Is objective information provided about commercial products that are mentioned?
- Educational materials provided should not promote commercial supporter interests.
- Are generic and trade names used appropriately?
• No commercial promotional materials should be displayed in the same room before, during, or after an educational activity.
• Commercial supporters may not conduct sales activities during an educational activity.
• Commercial support must be acknowledged in printed announcements; reference must not be made to specific products.
• Commercially supported social events at CME activities should not compete with educational events.

**Verbal disclosures are not allowed per ACCME guidelines.** If written documentation is not provided on-site to attendees regarding faculty disclosure and the nature of the relationship of any conflict of interest prior to the educational activity, the faculty member will not be allowed to speak.

The chapter-appointed evaluator present at a third party program should ensure that a complete set of all on-site materials (distributed by sponsors and faculty) are sent back to the chapter office for the program file.
TIPS FOR WRITING LEARNING OBJECTIVES

National ACEP receives numerous requests from chapters for assistance on how to write good learning objectives. The information presented in this section has been gathered from several sources and should be helpful in developing learning objectives. Both the AMA and the ACCME require that a CME activity have stated objectives to qualify for Category 1 credit; in addition, educational objectives for a planned program of CME should be based on clearly identified CME needs. They also state that brochures should display both the educational objectives and intended audience to help physicians decide whether or not to participate.

Learning objectives should reflect what the participant should know or be able to do at the end of a learning period. Instructional objectives reflect what the instructor/sponsor intends to accomplish. In other words, state what the learner is to do rather than what the instructor is to teach. Stated another way, a learning objective is student oriented, but a teaching or instructional objective describes a process; the objective should describe a participant outcome rather than what will be taught (or “covered”). A statement of objectives is not the same as a course description.

The best way to communicate these learning objectives effectively is to use specific action verbs. An excellent format to introduce the statement of learning objectives is: “Upon completion of this (session, course, workshop, etc.) participants should be able to . . . “ Use good action verbs like “explain,” “describe,” “discuss,” “assess,” “determine,” “analyze,” “differentiate”. Words to avoid using include “understand,” “know,” and “learn.”

Keep the learning objective statements simple and brief. Avoid including too much detail so the effort of writing the objectives does not become discouraging and the requirements overwhelming to the students. At the same time, it is to the sponsor’s advantage not to be too general or broad in stating the learning objectives, especially when considering that a potential participant could have many and varied CME activities to choose from competitors. Every CME activity, whether it is a lecture, workshop, or panel discussion must have one or more learning objective.

A caution—when instructional planners first start to write objectives they tend to write descriptions of what is to occur during the instruction as if they were learning objectives. For example, “to view a filmstrip on animal habitats” or “to read pages 45-60 in the text” has been used. But those are activities, not indications of learning outcomes. When unsure if what is being stated is an objective, ask, “Is this what I want the student to be able to do at the end of the course or unit?”

Defining Levels of Understanding

A change in behavior, particularly “thinking” behavior, can occur at several levels. In order to appropriately plan for changes, it is important to be familiar with these different levels. In 1956, Benjamin Bloom, a distinguished professor of education at the University of Chicago and several other national experts in curriculum, developed a taxonomy of cognitive behavior. “Cognitive behavior” is simply educational jargon for “thinking.” By understanding levels of thinking, you will be able to more specifically identify what objectives you want a course to accomplish.

The levels within Bloom’s Taxonomy are as follows:
**Level 1 – Knowledge:**

*Knowledge refers to rote memorization of facts or information.* The information may have absolutely no meaning to the learner. You have probably been required to commit to memory many things in your learning experience—a foreign phrase, a poem, formulas, etc. You would have been at a loss if someone asked you to explain, in your own words, what it is that you have just memorized. Think back to your experience as a youngster in kindergarten when you, along with your classmates, committed to memory the Pledge of Allegiance. Unless your I.Q. was 170 or above, you would have been hard pressed had someone asked you to explain *in your own words* the meaning of “indivisible” or the phrase “with liberty and justice for all.” Nonetheless, you could flawlessly recite the Pledge of Allegiance after a few trials. The same will be true of those you teach. They will have memorized definitions and pat answers. Unfortunately, they will often have no idea what they are saying, which leads to the next level in Bloom’s Taxonomy.

**Level 2 – Comprehension** (requires knowledge):

At this level the learner can restate, in his own words, that which he has committed to memory. In short, *he can answer the question, “Tell me what that means.”* Not only can the learner rattle off a textbook definition, he can restate it in his own words.

**Level 3 – Application** (requires comprehension):

Learners operating at this level are *able to apply to a given situation what they know and comprehend.* Thus, for example, they may be able to give a textbook definition of “hypovolemic shock,” explain the definition in their own words, and identify patients who are in hypovolemic shock. It is important to note the limitations of behavior at this level. Learners who are able to identify persons in hypovolemic shock do not necessarily understand the pathophysiology of shock, the relationship between shock and other bodily functions; nor can they necessarily judge what they should do in a situation when a patient presents with hypovolemic shock. These all involve higher levels of thinking which will be discussed further. Another word for this level is “intuition.” Persons can use knowledge and comprehension and apply it to a given situation; but if you ask them “why,” they are at a loss for words. A child, for example, may be able to discriminate between vehicles and non-vehicles and he may generalize to all instances in which a vehicle is presented. However, if you asked him, “Why is this a vehicle?” he could not answer the question. That involves a higher level of thinking. Intuition is certainly very important; we all use it every day. But, let’s not mistake it for higher levels of thinking.

**Level 4 – Analysis** (requires application):

Learners performing at this level are *able to analyze a system and divide it into its constituent parts.* Thus, using our previous example, the learner would be able to analyze a system of shock and break it down into its constituent parts (ie, discuss its pathophysiology). In this case, he would not only be able to identify a person in shock but would also be able to explain why the patient is in shock. He would understand the system involved.

**Level 5 – Synthesis** (requires analysis):

Learners performing at this level are *able to analyze several systems simultaneously and discuss how each system interacts with the other.* Continuing with our example, the resident would not only understand the pathophysiology of shock but would also be able to discuss how shock affects and interacts with other systems (ie, the endocrine system, the cardiovascular system, etc.)
Level 6 – Evaluation (requires synthesis):
Evaluation represents the highest level of thinking. **Learners performing at this level make independent judgments based on analysis and synthesis.** The learner operating at this level would make an independent judgment about the course of action for treating hypovolemic shock, having analyzed all the systems involved, predicting possible outcomes of each course of action, weighing those alternatives, and making a final judgment. If he arrives at a course of action based on an algorithm or decision tree, such behavior does not involve evaluation but rather application. Consider a case in which a patient with ventricular fibrillation has been in cardiac arrest for less than two minutes. The learner decides to administer an initial defibrillation countershock in the range of 200 to 300 joules. In all probability, he did not arrive at this decision independently but rather was following protocol as outlined by the American Heart Association. In other words, it was a learned response based upon previous knowledge and comprehension. Judgment is much more than applying pat answers to pat problems. It is creating new answers based on information available.

Other helpful ways to look at the levels of cognitive behavior and how to develop objective verbs for a specific topic are to refer to the tables on the last pages of this section.

**Selecting the Action Verb**

No doubt, you or other members of your planning team can easily choose the content reference for an objective. You also will have little difficulty in deciding on the standard of performance you want students to reach and the conditions under which learning is to take place. **The selection of the appropriate action verb to describe the required student behavior is the difficult part of objective writing.**

Most learning objectives in education programs are in the cognitive domain. Verbs that express behaviors on each of the six levels in Bloom’s Taxonomy are listed below. They can help you recognize (and give attention to) the higher intellectual levels in your planning.

**Verbs Applicable to the Levels in the Cognitive Domain** (Note: Depending on the use, some verbs may apply to more than one level.)

1. **Knowledge:**
   - arrange
   - define
   - label
   - name
   - quote
   - relate
   - reproduce

2. **Comprehension:**
   - allocate
   - describe
   - explain
   - indicate
   - paraphrase
   - restate
   - sort

3. **Application:**
   - apply
   - demonstrate
   - dramatize
   - illustrate
   - operate
   - practice
   - record
   - solve

4. **Analysis:**
   - analyze
   - categorize
   - criticize
   - differentiate
   - examine
   - investigate
   - test

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**Verbs Applicable to the Levels in the Cognitive Domain** (Note: Depending on the use, some verbs may apply to more than one level.)
5. Synthesis:
arrange   assemble   collect
compose   compute   conduct
construct   control   coordinate
create   design   develop
device   discover   establish
extend   find   formulate
generate   integrate   invent
manage   organize   plan
prepare   propose   set up
synthesize   write

6. Evaluation:
appraise   argue   assess
attach   choose   compare
conclude   critique   decide
deduce   defend   derive
diagnose   estimate   evaluate
judge   manage   measure
monitor   negotiate   predict
prescribe   rate   recommend
score   select   support
theorize   troubleshoot   value
hypothesize   infer   interpret

Target Population

Keep the following in mind when developing objectives for a target population.

Subject-matter Competence:
• What are the trainees’ levels of current knowledge and skills in the subject-matter area?
• What background experiences do the trainees have in the subject-matter area?
• Are the trainees likely to have any major misconceptions in the subject-matter area?

Attitudes:
• What are the general attitudes of the trainees toward the instructional content? Are there any subtopics within the content toward which the trainees are likely to feel very positive or very negative?
• What preferences for instructional format and media do the trainees have?

Language:
• What is the language level of the trainees? How much of the specialized terminology is in their vocabularies?
• What preferences for style of language (eg, conversational or scholarly) do the trainees have?

Skills:
• What unique skills does each group have?
• What skills do they have in common?
Levels of Cognitive Behavior

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Comprehension</th>
<th>Application</th>
<th>Analysis</th>
<th>Synthesis</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Ability to recall; to bring to mind the appropriate material)</td>
<td>(Ability to comprehend what is being communicated and make use of the idea without relating it to other ideas or material or seeing fullest meaning)</td>
<td>(Ability to use ideas, principles, theories in new particular and concentrated situations)</td>
<td>(Ability to break down a communication into constituent parts in order to make organization of the whole clear)</td>
<td>(Ability to put together parts and elements into a unified organization or whole)</td>
<td>(Ability to judge the value of ideas, procedures, methods, using appropriate criteria)</td>
</tr>
<tr>
<td></td>
<td>Requires comprehension</td>
<td>Requires application</td>
<td>Requires analysis</td>
<td>Requires application</td>
<td>Requires synthesis</td>
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<td>Requires knowledge</td>
<td>Requires comprehension</td>
<td>Requires application</td>
<td>Requires comprehension</td>
<td>Requires analysis</td>
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Objective Development Matrix

Verb Statements

Topic: Behavioral Emergencies

<table>
<thead>
<tr>
<th>Sub Topic</th>
<th>Define</th>
<th>List</th>
<th>State</th>
<th>Select</th>
<th>Identify</th>
<th>Explain</th>
<th>Demonstrate</th>
<th>Perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Adjustment Reactions</td>
<td>Adjustment Reactions</td>
<td>Circumstances in which they occur</td>
<td>Appropriate Treatment</td>
<td>Manifestations (Symptoms)</td>
<td>Difference between normal &amp; abnormal reactions.</td>
<td></td>
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<td></td>
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<tr>
<td>2) Acute loss of trauma</td>
<td>The Term</td>
<td>Circumstances</td>
<td></td>
<td></td>
<td>Acute and delayed symptoms</td>
<td>Appropriate TX &amp; consequences &amp; failure to RX</td>
<td>Appropriate interactive response to patients family</td>
<td></td>
</tr>
<tr>
<td>5) Consultation and referral</td>
<td>Contacts for referral</td>
<td>When is referral appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Interaction between ED and psychiatrist</td>
<td>Mental status examination</td>
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<tr>
<td>6) Restraints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Appropriate Cases</td>
<td>Medical-legal consequences &amp; complications</td>
</tr>
</tbody>
</table>

2008
3rd Party Joint Sponsorship – Chapter, Third Party, and National ACEP
Chapter 3rd Party Meeting Application Process
Page 1 of 2

Chapter 3rd Party Meeting

Current Chapter General Application on File

National Education Representative (NER) Involvement

Application Process and Requirements

Submission of Completed Form 2

Submission of Completed Form 3

Submission of all required application documentation (see next page)

Post Course Requirements (see next page)

General Requirements
• National Education Representative (NER) must be involved from initial planning phase of activity
• Application to be submitted 60 days prior to program start date (minimum 75 days to be published on ACEP’s website and in the Calendar section of the Annals of Emergency Medicine)

Note: See next page for required application and post course documentation/requirements/timeline
## Chapter 3rd Party Meeting Application Process

### Page 2 of 2

**Required application documentation (2 copies each to be submitted at least 60 days prior to meeting start date)**

- Needs assessment (survey results, evaluation data from previous activity, committee minutes, or other material showing how need was determined)
- Complete program time schedule
- Measurable learning objectives (overall and for each individual lecture/activity)
- Precise narrative description of each lecture/activity
- Description of target audience
- Overall course description of educational content
- Copy of planning meeting minutes
- Memorandum of Understanding (MOU) for third party (must be executed in full/signed by all parties)
- Copy of draft brochure, letter of invitation, and/or announcements (must be submitted a minimum of 30 days prior to printing)
- Copy of evaluation form along with name of onsite evaluator
- Faculty list to include names, titles, and addresses
- $375.00 non-refundable application fee (if e-mailed, need credit card or PO#)

**Required post course documentation (to be submitted within 60 days after the program)**

- Three copies of final brochures showing course objective, sponsor acknowledgement, credit statement, target audience, and conflict of interest statement
- Evaluation summary (not individual forms)
- Final attendance roster (typed) designating physicians vs non-physicians (daily sign-in sheets not acceptable)
- Copies of Letters of Agreement/commercial support forms (must be executed in full/signed by all parties prior to the event)
- Signed disclosure forms for all planners and faculty members (must be signed/dated prior to meeting start date)
- Written documentation reflecting that all conflicts of interest and an explanation of the nature of the relationships were disseminated to the audience (i.e. brochure, agenda, or syllabus cover sheet)
- Summary of results for patient outcome measure mechanism
- ACEP’s 10% payment

### Timeline

- 9-12 months prior to meeting – identify needs for meeting with 3rd party
- 6-9 months prior to meeting – hold planning meetings (teleconferences) between Chapter’s Education Representative(s), National Education Representative, and 3rd party
- 6 months prior to meeting – submit draft Memorandum of Understanding (MOU) for review
- At least 60 days prior to meeting – submit application package to include completed Form 2, completed Form 3, and all required application documentation
- At least 30 days prior to printing – submit promotional material copy for review (draft brochure, letter of invitation, and/or announcements)
- Prior to meeting start date – obtain signed disclosure forms for all planners and faculty
- Prior to meeting start date – obtain Letters of Agreement (LOA’s) and/or Commercial Support forms (must be executed in full/signed by all parties prior to the event)
- Within 60 days following meeting – submit all required post course documentation
- Submit ACEP’s 10% payment
Definition

When a chapter shares in the planning and implementation of a program with national ACEP and another organization that is not accredited by the ACCME, this is considered a third party relationship. In this case, the chapter along with the third party then applies to national ACEP for joint sponsorship of the program for AMA Category 1 credit and ACEP Category I credit. If there is some kind of financial arrangement between the chapter and third party where the chapter receives revenue from the program, or when revenue is shared between the chapter and third party, this would be considered a third party relationship.

Applying for Specific Course Joint Sponsorship With Third Party

- Requests for joint sponsorship with two or more parties who are not ACCME-accredited will require additional approvals. Since national ACEP will be the accredited sponsor of all such programs, it reserves the right to determine which programs will be allowed to carry its name. In addition, a letter of agreement called a Memorandum of Understanding (MOU) between all parties will be required. The MOU must be executed in full (signed by all parties) prior to the event. Non-compliance may result in non-approval of future activities.

All chapters who wish to offer courses with AMA and ACEP credit must comply with the Joint Sponsorship procedures outlined in Tab 14. Tab 15 outlines the additional processes that must be followed if third parties are involved. A checklist is included in this tab.

- Based on identified needs, the chapter contacts another party or another party contacts a chapter about an educational program, and the chapter confirms a need exists.

Before the chapter completes any negotiations, the chapter informs and forwards national ACEP a copy of the draft MOU for review before it is finalized. The MOU must contain certain criteria for joint sponsorship with a non-ACCME accredited party (refer to sample MOU in Tab 15).

- Planning Meeting Minutes - Chapter Education Representative, National Education Representative, and the third party representative hold a joint planning meeting or teleconference at a time when plans for developing the program can be modified. The idea is to involve the assigned National Education Representative in the planning process; this is critical in meeting the ACCME Essential Areas. (Note: Chapter or national ACEP review of a jointly sponsored program that has already been developed will not meet the criteria for integral involvement in planning.) Minutes of the meeting are submitted with the application.

- An appointed chapter representative must attend, monitor and be responsible for evaluating the quality of the program. The chapter must submit the name of the chapter representative with the application.

Note: In order to avoid a conflict of interest, a chapter representative should not also serve as a third party representative.

Timeline

These times are guidelines only; call the Educational Meetings Division at national ACEP with any timing concerns:

- Send national ACEP the General Application form, if not already on file: every 3 years.
• Identify needs for meeting with 3rd party: (9-12 months before)
• Hold planning meetings (teleconference) between chapter’s education representative, National Education Representative, and 3rd party: 6-9 months before meeting.
• Draft MOU sent to national ACEP for review: 6 months before meeting.
• Chapter fills out Form 2 and Form 3 and submits to national ACEP at least 60 days before the meeting. Late submittal may result in non-approval.
• Chapter to request and obtain signed disclosure forms for meeting planners and all faculty participating in the conference prior to the event. Non-compliance may result in non-approval of future activities.
• Chapter submits promotional material copy to national ACEP 30 days before promotional material printing (national ACEP will notify the chapter of any needed changes usually within 3 working days.) Non-compliance may result in non-approval of future activities.
• Memorandums of Understanding (MOUs) must be executed in full (signed by all parties) prior to the event. Non-compliance may result in non-approval of future activities.
• Letters of Agreement (LOAs) if applicable must be executed in full (signed by all parties) prior to the event. Non-compliance may result in non-approval of future activities.
• Within 60 days after course, national ACEP must receive a summary of evaluations, final brochure copy, attendance roster with delineation of physician vs. non-physician counts, signed disclosure statements, conflict of interest statement(s), summary of results for patient outcome measures, and ACEP’s 10% payment (if applicable). Non-compliance may result in non-approval of future activities.

Memorandum of Understanding

Certain criteria must be followed:

• There must be chapter and national ACEP involvement in planning the activity at a time when the program can be modified.
• The chapter must appoint a chapter designee to be involved in on-site implementation and evaluation of the program.
• ACEP and the chapter name must appear on all promotional and program material (national ACEP must approve promotional material copy before printing).
• There must be an evaluation mechanism in place.
• The chapter must keep records to document physician attendance or participation for at least 6 years.
• ACCME Standards for Commercial Support must be followed.
• After a draft MOU is approved, the chapter then processes three sets of originals (letterhead stationery) to be routed for signature. National ACEP signs off last and sends the chapter and third party an original set. MOU’s must be executed in full (signed by all parties) prior to the event. Non-compliance may result in non-approval of future activities.

Third Party Joint Sponsorship Fees

For jointly sponsored courses involving a third party, the application fee is $375.

Also, in return for national ACEP’s joint sponsorship for third party CME programs and materials, chapters will pay national ACEP a fee of 10% of gross proceeds that chapters receive from the third party. This payment is due within 60 days following each course offering of the third party CME program.
CHAPTER JOINT SPONSORSHIP OF AN EDUCATIONAL PROGRAM
WITH A NON-ACCME ACCREDITED ORGANIZATION (FORM 3)
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
Post Office Box 619911
Dallas, TX 75261-9911
(800)798-1822

Please type or PRINT IN CAPITAL LETTERS. This is to be completed at least 6 months before program date. (Forms 2 and 3 must be submitted to national ACEP at least 60 days before course date)

1. Chapter ________________________________________________________________________________________________

2. Title of Course ______________________________________________________________________________________

3. Date(s) and Location(s) of course _______________________________________________________________________

4. Name of Chapter Education Representative __________________________________________________________________

5. Name of National Education Representative __________________________________________________________________

6. Name of third party (non-ACCME accredited organization) *
   *this name MUST match what is listed on the MOU, LOA, and all advertising materials

7. Name, complete mailing address, phone, and email of third party contact _______________________________________

8. Date of first discussion between chapter and third party ____________________________________________________________________________________

9. Date(s) of planning meeting(s) scheduled between Chapter Education Representative, ACEP National Education Representative, and third party (minutes must be attached) _________________________________________________

10. Chapter representative responsible for attending and evaluating the course: _______________________________________

Please submit 2 copies of the DRAFT Memorandum of Understanding (required for all 3rd party programs) and/or Letter of Agreement (if applicable). These documents must be approved by ACEP prior to any party’s signature; these documents must be signed by all parties prior to the beginning of the event and ACEP is always the last party to sign these documents. Each of these documents must contain the following provisions:

Γ there must be chapter/national ACEP involvement in planning the activity at a time when the program can be modified.
Γ the chapter must appoint a designee to be involved in onsite implementation and evaluation of the program.
Γ ACEP and the chapter name must appear on all promotional and program material (national ACEP must approve all copy before printing).
Γ there must be an evaluation mechanism in place.
Γ the chapter must keep records to document physician attendance or participation for at least 6 years.
Γ the chapter must follow ACCME and ACEP operating guidelines for commercial/corporate support.
Γ any financial arrangements between the chapter and third party should be detailed in the Letter of Agreement.

Note: National ACEP has been accredited by the ACCME as an accrediting party; ACEP Chapters are not accredited by the ACCME.

(for office use only) ACEP ACTION TAKEN

File # ___________ Date Rec’ by CME Approval Coordinator ______________ Date sent to NER ______________

National Education Representative ___________________________________________________________________________

Γ Approved    Γ Disapproved    Comments ___________________________________________________________________________

Signature of National Education Representative ____________________________ Date ____________________________
MEMORANDUM OF UNDERSTANDING

The AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, (hereinafter ACEP), and the AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, STATE CHAPTER OF _______________ INC., (hereinafter ______ACEP), agree to jointly sponsor "Course Title" to be held (Date) at (City, State) and offered by ABC Company, Inc. (hereinafter ABC) under the following terms:

1. ABC agrees to involve ACEP's National Education Representative, _____ACEP's Chapter Representative, and _____ACEP's Education Committee in the planning of the program, and to modify the program as recommended by any or all of the above. ABC agrees to provide minutes or other documentation describing involvement by all parties in program planning.

2. Every effort will be made by ABC, in conjunction with ACEP and _____ACEP, to make the course an exemplary educational program.

3. Neither ACEP nor _____ACEP will bear any liability, financial or otherwise, for any damages that may occur from the giving or not giving of this course.

4. Both ACEP and _____ACEP will be held harmless for any financial or other liability or damages related to the conference. ABC agrees to pay any legal costs or damages which might accrue to ACEP and/or _____ACEP related to this conference.

5. ACEP and/or _____ACEP has the right to withdraw its joint sponsorship at any time it deems that the quality or manner of administration of the course harms the good name of either ACEP or _____ACEP, and/or if guidelines for joint sponsorship are not being followed.

6. ABC agrees to present to _____ACEP, for submittal to ACEP, a draft copy of all brochure and/or journal ads (or any promotional piece) at least thirty (30) days before printing; and that such printing of the brochure is contingent upon ACEP approving content and course objectives. In addition to communication of course objectives and target audience, the following statement must be contained in the brochure:

This activity has been planned and implemented in accordance with the Essential Areas and Policies for the Accreditation Council of Continuing Medical Education through joint sponsorship of ACEP and (name of ACEP Chapter) and (name of third party).

The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this educational activity for a maximum of (leave blank for ACEP to fill in) AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for (leave blank for ACEP to fill in) hour(s) of ACEP Category I credit.

7. In return for national ACEP’s joint sponsorship for this third party CME program, ______ACEP will pay national ACEP a fee of 10% of gross proceeds that _____ACEP receives from the third party within 60 days following the course. This is in addition to the payment by _____ACEP of the standard application fee of $375 to national ACEP.
8. An appointed Chapter Representative must attend, monitor and be responsible for evaluating the quality of the program. The chapter must submit the name of the Chapter Representative with the application.

9. ABC will furnish ACEP with a list of the names and addresses of the course's registrants, the number of physicians and non-physicians in attendance, three (3) copies of the final brochure and all other promotional material and schedule containing the conflict of interest statement, copies of signed faculty disclosure statements and a summary of registrant evaluations within sixty (60) days following the course for submittal to ACEP.

10. ABC agrees to follow all ACCME Standards for Commercial Support and to submit all signed faculty disclosure statements to ACEP for submittal to ACEP within sixty (60) days following the course.

11. For each organization that underwrites or provides funding for this CME program, ABC and ACEP will submit signed Letters of Agreement for Commercial Support to ACEP for final signature.

12. ABC also agrees to fully adhere to all the ACEP policies and guidelines for joint sponsorship. ABC acknowledges that promotional materials for jointly sponsored activities may use ACEP's name only in the approved Accreditation Statement. All unapproved references to ACEP by name or logo are prohibited. It is understood that joint sponsorship indicates only ACEP's verification that the activity meets established criteria for AMA/PRA Category 1 programs and does not indicate official association endorsement.

13. The term of this agreement will be twelve (12) months from the date of the official approval by ACEP of this course.

14. Any unresolved disputes resulting from this Agreement shall be arbitrated per the guidelines of the American Arbitration Association.

Executed this ______ day of _____________, 20____.

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
A Texas Corporation

by____________________________________________________
Dina L. Gonzales, Manager, Accreditation & International Relations

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
STATE CHAPTER OF ____________________, INC.
A _________________ Corporation

by____________________________________________________
M.D., Chair, Education Committee

ABC COMPANY, INC.

by____________________________________________________
M.D., Program Director
Checklist for Jointly Sponsored Chapter and Third Party Meeting

This checklist is to assist you in marking your progress in your request for joint sponsorship.  
It is not all inclusive and it does not supersede the application and/or handbook guidelines.

Course Name/Date _____________________________________________________________________________________

1. Fill out and send General Application for Joint Sponsorship (Form 1). (Only once every 3 years).
2. Appoint a Chapter Representative for the course.
3. Draft a Memorandum of Understanding between national ACEP, Chapter, and 3rd Party and submit to national ACEP for review and approval.
4. Arrange a conference call between the National Education Representative assigned to your chapter, your Chapter Education Representative, and the 3rd party for initial planning and development of course. Discuss course objectives, etc. MINUTES FROM THESE PLANNING MEETINGS MUST BE SENT TO NATIONAL ACEP WITH THE APPLICATION MATERIALS.
5. As faculty is confirmed, send out disclosure forms to faculty and all meeting planners for signature/date.
6. Develop promotional material using proper credit statement, sponsor acknowledgement, target audience, learning objectives, faculty list, and conflict of interest statement.
7. Submit promotional material copy no later than 30 days prior to printing to the CME Approval Coordinator at national ACEP for review.

Send completed 3rd party application (Form 3) and Jointly Sponsored Chapter application (Form 2), along with application payment, and 2 copies each of:

1. Needs assessment information
2. Measureable Learning Objectives for overall course
3. Measureable Learning Objectives for each lecture topic
4. Narrative Description for each lecture topic
5. Complete faculty list, including names, addresses, and titles
6. Evaluation forms along w/name of onsite evaluator
7. Planning Meeting Minutes
8. Signed, original MOU for ACEP’s final signature

THIS MUST BE DONE AT LEAST 60 DAYS BEFORE THE COURSE.  
THE COURSE MUST BE APPROVED BEFORE PROMOTIONAL MATERIALS CAN BE APPROVED FOR PRINTING/DISTRIBUTION/POSTING.

9. Submit copies of all signed disclosure statements (if conflicts of interest are indicated, provide documentation from on-site materials explaining the nature of the relationship to participants).**
10. Submit Letters of Agreement for educational grants from commercial supporters (submitted to national ACEP for final signature after signatures obtained from commercial supporter, chapter, and 3rd party).**

**Faculty Disclosure Form / Memorandum of Understanding / Letter of Agreement MUST be signed by all parties prior to the event; national ACEP is always the last party to sign the form.**

Within 60 days after the course, send national ACEP the following items:

1. A summary of evaluations (NOT the individual evaluation forms)
2. Final promotional material copy (3 copies)
3. Final attendance roster (typed with complete names and addresses, designating total tally of physicians and non-physicians). DAILY SIGN-IN SHEETS ARE NOT ACCEPTABLE.
4. A summary of results obtained from patient outcome measure mechanism.

NATIONAL ACEP MAY DENY JOINT SPONSORSHIP REQUESTS FOR UP TO TWO YEARS TO CHAPTERS THAT DO NOT SUBMIT THIS DOCUMENTATION.
Joint Sponsorship – Enduring Materials (Chapter Jointly Sponsored and Chapter 3rd Party)
Chapter Jointly Sponsored Enduring Material Application Process

General Requirements
- National Education Representative (NER) must be involved from initial planning phase of activity
- Application to be submitted 120 days prior to program start date

Note: See next page for required application and post course documentation/requirements/timeline
Chapter Jointly Sponsored Enduring Material Application Process
Page 2 of 2

Required application documentation (2 copies each to be submitted at least 120 days prior to meeting start date)
- Needs assessment (survey results, evaluation data from previous activity, committee minutes, or other material) showing how need was determined
- Description of educational content
- Target Audience
- List of authors to include names, titles, and addresses and brief CVs
- Signed disclosure form with current date for each author and activity planner (must be signed/dated prior to material start date)
- Written documentation reflecting that all conflicts of interest and an explanation of the nature of the relationships were disseminated to the participants (i.e. brochure, agenda, or syllabus cover sheet)
- Sample Evaluation forms for activity to assess whether or not stated objectives have been attained.
- Measureable learning objectives for each component
- Measureable learning objectives for overall activity
- Narrative Description for each component
- Copies Letters of Agreement/commercial support forms (must be executed in full/signed by all parties prior to the material start date)
- Copy of Enduring Material including all supplemental and/or illustrative materials
- Statement specifying overall length of recorded material and estimated study time for completion
- Teaching methods to be employed and knowledge or skill level to be attained
- References for body of knowledge presented and later study beyond the content covered
- Instructions for learner
- Materials requiring student’s active participation (questions and/or solving patient management problems)
- Post-test or other evaluation (if post-test include: justification of correct answers and explanation of test confidentiality)
- Procedure to verify physician participation
- Attestation that each CME activity is in compliance with all appropriate US and international copyright laws
- Accreditation statement indicating that activity was planned in accordance with ACCME Essential Areas and Policies
- $250 per 5 CME credit hours non-refundable application fee
- Copy of draft brochure or advertisements (must be submitted a minimum of 30 days prior to printing)

Required post course documentation (to be submitted within 60 days after the program)
- Three copies of final promotional materials showing course objective(s), sponsor acknowledgement, credit statement, target audience, faculty list and conflict of interest statement
- Quarterly evaluation summaries (not individual forms)
- Quarterly participation roster (typed) designating physicians vs non-physicians
- Summary of results for patient outcome measure mechanism

Note: If there was no activity for the material/product for an entire quarter you MUST report there was no activity for that specific quarter.

Timeline
- 6-9 months prior to material start date - contact National Education Representative for planning input
- At least 120 days prior to material start date - submit application package to include completed Form 2 and all required application documentation
- At least 30 days prior to printing – submit promotional material copy for review (draft brochure, letter of invitation, and/or announcements)
- Quarterly – submit all required post course documentation
Chapter 3\textsuperscript{rd} Party Enduring Material Application Process  
Page 2 of 2

Required application documentation (2 copies each to be submitted at least 120 days prior to meeting start date)

- Memorandum of Understanding (MOU) for third party (must be executed in full/signed by all parties)
- Planning Meeting Minutes
- Needs assessment (survey results, evaluation data from previous activity, committee minutes, or other material) showing how need was determined
- Description of educational content
- Target Audience
- List of authors to include names, titles, and addresses and brief CVs
- Signed disclosure form with \textbf{current date} for each author and activity planner (must be signed/dated prior to material start date)
- Written documentation reflecting all conflicts of interest and an explanation of the nature of the relationships were disseminated to the participants (i.e. brochure, agenda, or syllabus cover sheet)
- Sample Evaluation forms for activity to assess whether or not stated objectives have been attained.
- Measureable learning objectives for each component
- Measureable learning objectives for overall activity
- Narrative Description for each component
- Copies Letters of Agreement/commercial support forms (must be executed in full/signed by all parties prior to the material start date)
- Copy of Enduring Material \textbf{including} all supplemental and/or illustrative materials
- Statement specifying overall length of recorded material and estimated study time for completion
- Teaching methods to be employed \textbf{and} knowledge or skill level to be attained
- References for body of knowledge presented and later study beyond the content covered
- Instructions to learner
- Materials requiring student’s active participation (questions and/or solving patient management problems)
- Post-test or other evaluation (if post-test include: justification of correct answers and explanation of test confidentiality)
- Procedure to verify physician participation
- Attestation that each CME activity is in compliance with all appropriate US and international copyright laws
- Accreditation statement indicating that activity was planned in accordance with ACCME Essential Areas and Policies
- $250 per 5 CME credit hours non-refundable application fee
- Copy of draft brochure or advertisements (must be submitted a minimum of 30 days prior to printing)

Required post course documentation (to be submitted within 60 days after the program)

- Three copies of final promotional materials showing course objective, sponsor acknowledgement, credit statement, target audience, faculty list, and conflict of interest statement
- Quarterly evaluation summaries (not individual forms)
- Quarterly participation roster (typed) designating physicians vs non-physicians
- Summary of results for patient outcome measure mechanism
- Submit ACEP’s 10\% payment

\textbf{Note: If there was no activity for the material/product for an entire quarter you MUST report there was no activity for that specific quarter.}

Timeline

- 9-12 months prior to material start date – identify needs for material with 3\textsuperscript{rd} party
- 6-9 months prior to material start date – hold planning meetings (teleconferences) between chapter’s education representative, National Education Representative, and 3\textsuperscript{rd} party
- 6 months prior to material start date - submit draft Memorandum of Understanding (MOU) for approval
- At least 120 days prior to material start date - submit application package to include completed Form 2B, completed Form 3, and all required application documentation
- At least 30 days prior to printing – submit promotional material copy for review (draft brochure, letter of invitation, and/or announcements)
- Quarterly – submit all required post course documentation
- Submit 10\% payment to ACEP
The items discussed under Tab 12 on Enduring Materials also apply to the processing of applications for jointly sponsored enduring materials:

- Definition
- Criteria for ACEP Category I Credit
- Required Documentation
- Newsletter Guidelines
- Audio and Video Recording CME Guidelines
- Computer-Based CME Guidelines
- Exceptions to an Entire Review
- Partial Approval
- Length of Approval Period
- Processing an Application

**Review Process**

Briefly, the review process for joint sponsorship of a chapter’s enduring material application follows basically the same steps as for any jointly sponsored activity:

- Chapter has idea for an enduring material.
- **Planning meeting** held with chapter representative and National Education Representative via conference call. (Include a third party representative if applicable.)
- Chapter requests and obtains signed disclosure statements for all planners and authors participating in the enduring material.
- Chapter sends completed Form 2B to national ACEP along with all required documentation, two copies of the enduring material, and all signed disclosure statements for approval. Non-compliance may result in non-approval of future activities.
- When the preliminary review has been completed, national ACEP forwards application packet to National Education Representative for final review and approval.

- Chapter submits **draft promotional copy** to national ACEP at least 30 days before printing. Non-compliance may result in non-approval of future activities.

Refer to Tab 14 for the steps involved in applying for joint sponsorship for a specific activity, penalties and appeals process, general timeline structure, promotional materials, and file retention; these guidelines are essentially the same for jointly sponsored enduring materials. Enduring Material application packages are to be submitted at least 120 days prior to the product’s scheduled release date as indicated on the application Form 2B.

**If a third party is involved with this material, the additional criteria must be met:**

Items to be submitted prior to submittal of application packet:

- Submittal of draft **Memorandum of Understanding** for approval

Items to be submitted with application packet:

- Completed Form 3.
- **Minutes** from planning meeting held between the National Education Representative, chapter’s education representative, and the third party representative.
- Fully executed **Memorandum of Understanding** signed by the third party, the chapter, and finally national ACEP. The production of the enduring material cannot proceed until the MOU is signed by all three parties. Non-compliance may result in non-approval of future activities.

The MOU for a jointly sponsored chapter and third party enduring material is different than the MOU for a jointly sponsored chapter and third party meeting. Refer to the MOU sample for enduring materials shown under Tab 17.
Credit Hours

The number of credit hours for an enduring material is determined by the following criteria:

- Audio and Video Recordings: hour-per-hour; for time required to take the test, add 50-100% of total tape time.
- Books: 10-15 minutes per page (at least 15 minutes for dense type); a page should be approximately 750 words.
- Newsletters or periodicals: 10-15 minutes per page; should consist of a minimum of 4 pages at approximately 750 words per page.

Credit Statement

Every jointly sponsored enduring material product must present the correct sponsor acknowledgement and credit statement. Refer to the proper credit statement wording under Tab 14.

Post-Course Documents

These are items that national ACEP requires to complete the joint sponsorship file (to be submitted quarterly):

- **Summary of evaluations** received during each quarter.*
- **Quarterly roster** designating the number of physicians and non-physicians who participated in the program during each quarter.*
- **Summary of results for patient outcome measures.**
- **Final brochures.**

* Note: If there was no activity for the material/product for an entire quarter you MUST report to us that there was no activity reported for that specific quarter.

Again, national ACEP will deny joint sponsorship requests for up to two years to chapters who do not submit the required documentation.
Chapter name: ____________________________ Planned Date of Release: ____________________________

Title of Material: __________________________________________________________

Type of Education Material (Printed, Audio-Visual, Computer-based, Film, etc.): ____________________________

What equipment is necessary for the user to participate in this learning activity? __________________________________________

Activity Director: ____________________________ Phone: ____________________________

Complete Mailing Address: __________________________________________________________

City, State, Zip ____________________________________________ Email: ____________________________

Cost of Materials to User: $_____ Number of Hours of AMA/ACEP CME Credits Requested (Cannot exceed the number of hours required to complete the program): __________

Where can materials be obtained?
Contact Name: ____________________________ Phone: ____________________________

Complete Mailing Address: __________________________________________________________

City, State, Zip ____________________________________________ Email/website: ____________________________

Amount of Application Fee: __________

☐ Check # __________ ☐ Invoice ☐ Direct Access Chapter Acct

☐ Credit Card # __________ Exp Date ____ Name on card __________ Signature __________

Essential Area #1

1. **CME activity is consistent with College mission statement and strategic plan.** (Check off which mission and value statements apply.)
   - support quality emergency medical care
   - promote the interests of emergency physicians
   - quality emergency care is a fundamental individual right and should be available to all who seek it
   - there is a body of knowledge unique to emergency medicine that requires continuing refinement and development
   - quality emergency medicine is best practiced by qualified, credentialed emergency physicians
   - the best interests of the patient are served when emergency physicians practice in a fair, equitable, and supportive environment
   - the emergency physician has the responsibility to play the lead role in the definition and evaluation of quality care.

Essential Area #2

1. **CME activity addresses needs identified through needs assessment and is relevant to emergency medicine.** Please check which methods were used:
   - survey of target audience
   - mortality/morbidity statistics
   - self assessment
   - faculty perception
   - patient care audit
   - consensus of experts
   - peer review
   - other (describe) ____________________________

You must provide documentation. Attach 2 copies of survey results, evaluation data, committee minutes, or other material to show how the need was determined.
2. **CME activity has:**
   - a. overall material measureable learning objectives (attach 2 copies)
   - b. measureable learning objectives for each component (attach 2 copies)
   - c. narrative description for each component (attach 2 copies)
   - d. identified target audience (attach 2 copies)
   - e. description of educational content (attach 2 copies)
   - f. mechanism to make objectives known to participants (attach 2 copies of brochure or advertisements, can be a draft)

   **Draft brochure copy must be submitted for approval at least 30 days prior to printing.**

3. **Educational format and methods are consistent with stated objectives.** (Check which formats will be used).
   - video-tape
   - case studies
   - abstracts
   - audio-tape
   - printed
   - computer-based software
   - other___________________________________________________________

   **National ACEP will deny joint sponsorship requests for two years to chapters that do not submit final program brochure copy, evaluation summaries, attendance roster, commercial support forms, and faculty disclosure forms.**

**Essential Area #3**

1. There is a mechanism in place to evaluate the activity and the data are used to plan future CME activities.
   - a. Attach evaluation plan - include forms (2 copies)
   - b. Quarterly evaluation summaries must be submitted to National ACEP (2 copies)
   - c. Describe how this data will be used to plan future CME activities (2 copies)

2. **Management Procedures and Resources**
   - a. Competent authors for program (submit 2 copies of author names, titles, and addresses)
   - b. Authors for CME activity is appropriate for CME (describe)
   - c. Program budget: Budget forecast ________________________

3. How much of your program will be funded by grants or commercial sponsors? __________________________________________
   If any, please continue:

   If the chapter secured commercial support for the program, the following procedures must be followed:
   - a. The chapter will maintain control over the program content and the authors selected for the program. Educational grants will be solicited after the program content has been determined and authors identified.
   - b. Authors will be notified in advance if their product is supported by a corporation.
   - c. The education material must present a balanced view of all therapeutic options.
   - d. The grants will be paid directly to the chapter; grants to offset legitimate educational product expenses are permitted. Financial subsidies from corporations to participants are not permitted.
   - e. The financial support will be acknowledged in the brochure and the education material along with a statement that the content of the project is solely the product of the chapter and/or the author.
   - f. There is no mention of a commercial product unless it is clearly identified as an advertisement.
   - g. Authors must complete full disclosure form. (kept on file at the chapter office)

   **Were emergency physicians involved in planning these materials?**  Yes_____  No_____  If Yes, please list:

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<tr>
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   If No, how have you ensured that the material is focused on the needs of the emergency physician?____________________

   ________________________________________________________________

12/08
PLEASE ALLOW 120 DAYS FOR REVIEW OF ENDURING MATERIALS.

- List of authors including name, title, and address with brief CVs
- Signed disclosure forms for all authors and activity planners (must be signed and dated within one year prior to material start date)
- Written Conflict of Interest statement(s)
- Copy of Enduring Material to include all illustrative and supplemental materials
- Statement specifying overall length of recorded material and estimated study time for completion
- Teaching methods to be employed in this material and knowledge or skill level to be attained
- References for use during the educational activity and further study
- Instructions to learner
- Materials requiring student’s active participation
- Post-test or other evaluation (if post-test include: justification of correct answers and explanation of test confidentiality)
- Procedure verifying physician participation
- Attestation by applicant that each CME activity is in compliance with all appropriate US and international copyright laws
- Accreditation Statement indicating that the activity was planned in accordance with ACCME Essential Areas and Policies
- Letters of Agreement

Note: If you are applying for a Chapter Jointly Sponsored / 3rd party Enduring Material keep in mind that you must ALSO submit the following information:
- Planning Meeting Minutes
- Signed MOU

Fee schedule for Enduring Materials -- $250 per 5 credit hours

THE CHAPTER MUST COMPLETE THIS NER SECTION

National Education Representative Contact Details

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<td>a. Name of representative</td>
<td>Date of Contact: _____________________</td>
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<td>b. Nature of discussion:</td>
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<td>c. Needs Assessment</td>
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<td>d. Objectives</td>
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<td>e. Format</td>
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<td>f. Other, please describe</td>
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The applicant agrees that national ACEP will bear no financial obligation in connection with the program. The applicant also agrees to fully adhere to all the procedures and guidelines described herein. The applicant acknowledges that the promotional material for jointly sponsored activities must carry national ACEP’s name in the approved accreditation statement. Any other reference to national ACEP’s name use must be approved by ACEP’s Education Department.

Proper credit statement indicating ACEP is the accredited organization:

This activity has been planned and implemented in accordance with the Essential Areas and Policies for the Accreditation Council of Continuing Medical Education through joint sponsorship of ACEP and (name of ACEP Chapter) and (if applicable, name of third party):

The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this educational activity for a maximum of (number of credits) AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for (number of credits) hour(s) of ACEP Category I credit.

Note: If applicable, in order to receive ACEP credit hours the CME test must be returned and scored within the approval period (i.e. Critical Decisions, Peer Reviews, et al.).
(for office use only) ACEP ACTION TAKEN

File # _____________  Date Rec’d by CME Approval Coordinator _____________  Date mailed to NER _____________

National Education Representative _______________________________________________________________________________

\( \Gamma \) Approved ________number of  AMA/ACEP CME credits  \( \Gamma \) Disapproved  Comments _______________________________

______________________________________________________________________________________________________________

Signature of NER ______________________________________________________________________     Date ________________
# CHAPTER JOINT SPONSORSHIP OF AN EDUCATIONAL PROGRAM WITH A NON-ACCME ACCREDITED ORGANIZATION (FORM 3)

**AMERICAN COLLEGE OF EMERGENCY PHYSICIANS**

Post Office Box 619911
Dallas, TX 75261-9911
(800)798-1822

Please type or PRINT IN CAPITAL LETTERS. This is to be completed at least 6 months before program date.
(Forms 2 and 3 must be submitted to national ACEP at least 60 days before course date)

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<td>Chapter____________________________________________________________________________________________</td>
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<td>2.</td>
<td>Title of Course ______________________________________________________________________________________</td>
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<td>3.</td>
<td>Date(s) and Location(s) of course ______________________________________________________________________</td>
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<td>4.</td>
<td>Name of Chapter Education Representative________________________________________________________________</td>
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<td>5.</td>
<td>Name of National Education Representative________________________________________________________________</td>
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<td>6.</td>
<td>Name of third party (non-ACCME accredited organization) * ___________________________________________________________________________________________</td>
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<td>*this name MUST match what is listed on the MOU, LOA, and all advertising materials</td>
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<td>7.</td>
<td>Name, complete mailing address, phone, and email of third party contact________________________________________________________________</td>
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<td>8.</td>
<td>Date of first discussion between chapter and third party_______________________________________________________________________________________________</td>
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<td>9.</td>
<td>Date(s) of planning meeting(s) scheduled between Chapter Education Representative, ACEP National Education Representative, and third party (minutes must be attached) _________________________________________________</td>
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<td>10.</td>
<td>Chapter representative responsible for attending and evaluating the course:_______________________________________</td>
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Please submit 2 copies of the DRAFT Memorandum of Understanding (required for all 3rd party programs) and/or Letter of Agreement (if applicable). These documents must be approved by ACEP prior to any party’s signature; these documents must be signed by all parties prior to the beginning of the event and ACEP is always the last party to sign these documents. Each of these documents must contain the following provisions:

- there must be chapter/national ACEP involvement in planning the activity at a time when the program can be modified.
- the chapter must appoint a designee to be involved in onsite implementation and evaluation of the program.
- ACEP and the chapter name must appear on all promotional and program material (national ACEP must approve all copy before printing).
- there must be an evaluation mechanism in place.
- the chapter must keep records to document physician attendance or participation for at least 6 years.
- the chapter must follow ACCME and ACEP operating guidelines for commercial/corporate support.
- any financial arrangements between the chapter and third party should be detailed in the Letter of Agreement.

**Note:** National ACEP has been accredited by the ACCME as an accrediting party; ACEP Chapters are not accredited by the ACCME.

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<td>Date Rec’ by CME Approval Coordinator ____________ Date sent to NER ____________</td>
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<tr>
<td>National Education Representative</td>
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<tr>
<td>Γ Approved</td>
<td>Γ Disapproved</td>
</tr>
<tr>
<td>Signature of National Education Representative __________________________ Date ______________</td>
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12/08
MEMORANDUM OF UNDERSTANDING

This agreement is made and entered into this ________ day of ________, 20__ by and between the American College of Emergency Physicians (hereinafter "national ACEP"), the American College of Emergency Physicians, State Chapter of _______________ (hereinafter "____ ACEP") and ABC Company, (hereinafter "ABC") for the development and distribution of an educational home study program entitled "ABC Book".

PROGRAM DEVELOPMENT

National ACEP will not sponsor a program that has already been developed. There must be involvement in the planning of the program by national ACEP through its National Education Representative and ______ACEP, through its Chapter Education Representative. This involvement can be through face to face meetings or teleconferences. ABC agrees to provide minutes or other documentation describing involvement by all parties in program planning.

PROGRAM IMPLEMENTATION

"ABC Book" will be marketed, distributed and evaluated by ABC. Formal evaluation of the program must take place and a summary mailed to national ACEP quarterly for the term of this agreement. A roster of the names and professional categories of persons who purchase the program will be mailed to national ACEP quarterly.

ACCME Standards for Commercial Support must be followed. Copies of signed disclosure statements for the editors and/or authors of "ABC Book" and all activity planners must be submitted to national ACEP with the Enduring Material application package.

ACCME Standards for Interpreting the Essentials as Applied to Continuing Medical Education Enduring Materials must be followed. ABC also agrees to fully adhere to all policies and guidelines as described in national ACEP's "CME Handbook".

PROGRAM MARKETING

All promotional pieces, ads and brochures for "ABC Book" must be approved by national ACEP at least 30 days prior to their printing and publication. The following must be contained in any and all promotional material:

1. Proper credit statement.
2. Communication of program objectives and target audience.
3. Faculty listing including conflict of interest statement.
4. Display of sponsor acknowledgement.

Final promotional materials must be mailed to national ACEP within 60 days of publication of promotional material.

FINANCIAL ARRANGEMENTS

____ ACEP and ABC have agreed to a financial arrangement as follows:

example: ______ACEP will be paid 5% of CME quiz revenues.

In return for national ACEP’s joint sponsorship for this third party CME program, ______ ACEP will pay national ACEP a fee of 10% of gross proceeds that ______ACEP receives from the third party every six months of each approval year. This is in addition to the payment by ______ ACEP of the standard application fee.
ABC agrees that national ACEP and ______ ACEP shall not have any financial obligation with the program and that ABC will defend and indemnify national ACEP and ______ ACEP against any and all liability for claims asserted against national ACEP arising out of or in connection with national ACEP's and ______ ACEP's joint sponsorship of this program.

ABC acknowledges that promotional materials for jointly sponsored activities may use national ACEP's name only in the approved accreditation statement and as part of the requirement. Any use of ACEP's name must be approved by the Educational Meetings Division of national ACEP. All other references to national ACEP by name or logo are prohibited. It is understood that joint sponsorship only indicates national ACEP's verification that the activity meets established criteria for AMA PRA Category 1 programs and does not indicate official association endorsement.

TERMS AND TERMINATION

The term of this agreement shall be (leave blank for ACEP to fill in) months. National ACEP reserves the right to terminate this agreement at any time if it has evidence that the joint sponsorship guidelines are not being met.

Any unresolved disputes resulting from this Agreement shall be arbitrated per the guidelines of the American Arbitration Association.

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
A Texas Corporation

by ______________________________________

Dina L. Gonzales, Manager, Accreditation & International Relations

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
STATE CHAPTER OF ________________
A _________________ Corporation

by

______________________________

Chair, Education Committee

ABC COMPANY

by

______________________________

M.D. Program Director
Check List for Jointly Sponsored Chapter Education Enduring Materials

This checklist is to assist you in marking your progress in your request for joint sponsorship. It is not all inclusive and it does not supersede the application and/or handbook guidelines.

Material Name ____________________________________________________________________________

__ Fill out and send General Application for Joint Sponsorship (Form 1). (Only once every 3 years).

__ Appoint a Chapter Representative for the material.

__ Arrange a conference call between Jason White, MD, FACEP and Chapter Representative for initial planning and development of material and to discuss course objectives, etc.

__ As authors are confirmed, send out disclosure forms to authors and all program planners for signature/date.

__ Develop promotional material using proper credit statement, sponsor acknowledgement, target audience, learning objectives, faculty list, and conflict of interest statement.

__ Submit the promotional material copy 30 days before printing to the CME Approval Coordinator at ACEP.

Send completed application (Form 2B) to national ACEP, along with application payment and 2 copies each of:

__ Needs assessment information
__ Description of Educational Content
__ Target Audience
__ Complete author list including names, addresses, and titles and CVs
__ Author signed/dated disclosure forms*  
__ Conflict of Interest statement/document
__ Sample evaluation forms for activity
__ ENDURING MATERIAL itself (book, disc, newsletter, journal, et al.)
__ All supplemental and/or illustrative materials
__ Length of material & time needed for completion
__ Teaching methods
__ References for use during the activity and further study
__ Instructions to learner
__ Materials requiring student’s active participation
__ Post-test or other evaluation (to include answers & proof of confidentiality)
__ Procedure verifying physician participation
__ Attestation of compliance w/all US and int’l copyright laws
__ ACCME accreditation statement

APPLICATION SUBMITTED AT LEAST 120 DAYS PRIOR TO SCHEDULED RELEASE DATE OF MATERIAL as listed on application. MATERIAL MUST BE APPROVED FOR CME BEFORE PROMOTIONAL MATERIALS MAY BE APPROVED FOR PRINTING/DISTRIBUTION/POSTING.

On a quarterly basis, send national ACEP the following items:

__ Evaluation summary
__ Final promotional material(s) (3 copies)
__ Participant list (typed with complete names and addresses, designating total tally of physicians and non-physicians).
__ A summary of results obtained from patient outcome measure mechanism.

NATIONAL ACEP MAY DENY JOINT SPONSORSHIP REQUESTS FOR UP TO TWO YEARS TO CHAPTERS THAT DO NOT SUBMIT THIS DOCUMENTATION.
Check List for Jointly Sponsored Chapter & 3rd Party Educational Enduring Materials

This checklist is to assist you in marking your progress in your request for joint sponsorship. It is not all inclusive and it does not supersede the application and/or handbook guidelines.

Material Name ____________________________________________________________________________

Fill out and send General Application for Joint Sponsorship (Form 1). (Only once every 3 years).

Appoint a Chapter Representative for the material.

Draft a Memorandum of Understanding between national ACEP, Chapter, and 3rd Party and submit to national ACEP for review and approval.

Arrange a conference call between Jason White, MD, FACEP, Chapter Representative, and 3rd Party for initial planning and development of material and to discuss course objectives, etc. MINUTES FROM INITIAL PLANNING & DEVELOPMENT MEETINGS MUST BE SENT TO NATIONAL ACEP WITH APPLICATION MATERIALS.

As authors are confirmed, send out disclosure forms to authors and all program planners for signature/date.

Develop promotional material using proper credit statement, sponsor acknowledgement, target audience, learning objectives, faculty list, and conflict of interest statement.

Submit the promotional material copy 30 days before printing to the CME Approval Coordinator at ACEP.

Send completed application (Form 2B) to national ACEP, along with application payment and 2 copies each of:

- Needs assessment information
- Description of Educational Content
- Target Audience
- Complete author list including names, addresses, and titles and CVs
- Author signed/dated disclosure forms*
- Conflict of Interest document
- Sample evaluation forms for activity
- Planning Meeting Minutes
- ENDURING MATERIAL itself (book, disc, newsletter, journal, et al.)
- All supplemental and/or illustrative materials
- Length of material & time needed for completion
- Teaching methods
- Knowledge or skill level to be obtained
- References for use during the activity and further study
- Instructions to learner
- Materials requiring student’s active participation
- Post-test (to include answers & proof of confidentiality)
- Procedure verifying physician participation
- Attestation of compliance w/all US and int’l copyright laws
- ACCME accreditation statement

APPLICATION SUBMITTED AT LEAST 120 DAYS PRIOR TO SCHEDULED RELEASE DATE OF MATERIAL as listed on application. MATERIAL MUST BE APPROVED FOR CME BEFORE PROMOTIONAL MATERIALS MAY BE APPROVED FOR PRINTING/DISTRIBUTION/POSTING.

*Faculty Disclosure Form / Letter of Agreement / Memorandum of Understanding MUST be signed by all parties prior to the event; national ACEP is always the last party to sign the form.*

On a quarterly basis, send national ACEP the following items:

- Evaluation summary
- Final promotional material(s) (3 copies)
- Participant list (typed with complete names, title, and addresses and designating total tally of physicians and non-physicians).

NATIONAL ACEP MAY DENY JOINT SPONSORSHIP REQUESTS FOR UP TO TWO YEARS TO CHAPTERS THAT DO NOT SUBMIT THIS DOCUMENTATION.
Miscellaneous Forms
This application package must be submitted by the Chapter every 3 years; 2 copies of all documentation are required. Failure to comply with this MANDATORY submission may result in the Chapter’s suspension of Joint Sponsorship privileges.

Chapter Name

Chapter Education Representative

1. Mission Statement:
   a. Provide a written statement of the CME mission of the chapter as approved by your Board or describe the major goals of the chapter’s CME activities.
   b. Describe the target audience for your programs and their geographic distribution.
   c. What percentage of your registrants are members/nonmembers?
   d. Describe the general type of CME activity the chapter provides.

2. Needs Assessment:
   a. Check your usual procedures for identifying CME needs of your target audience:
      - Survey of target audience
      - Self assessment
      - Patient care audit
      - Peer review
      - Mortality/morbidity statistics
      - Faculty perception
      - Consensus of experts
      - Other (describe):
   b. Describe the usual procedure for deciding which identified needs will be addressed by CME activities.

3. CME Administration and Resources:
   a. Provide an organization chart showing the relationship of CME unit/planning function to the Chapter Board of Directors.
   b. List the name and title of the person (Chapter Education Representative) chiefly responsible for the overall CME program. Also list the name and title of any executive and support staff and how long they have been in that position.
   c. Do you have a CME advisory committee? YES NO If yes, provide list of the names and professional titles of the members.
   d. If a committee is responsible for the CME program, explain how members are appointed and how the committee functions.
   e. If the responsibility for the CME program is held by an individual, explain how continuity will be maintained if there is a change in personnel.
   f. Explain what records are maintained to document physician attendance and how long they are kept. (Records must be kept a minimum of 6 years).
   g. What is the procedure for furnishing a transcript or other evidence of CME participation to a physician? You must provide a copy of the document for your file.
   h. Provide the Chapter budget statement for the current fiscal year, making sure to identify the total or percentage of income and expenses relating to CME activities.
   i. If you obtain management services for your overall CME program through contracts, describe the nature of these activities.
   j. What is your policy for canceling a CME program and returning registration fees?

Signed ________________________________ Date ___________________
Chapter Education Representative

(for office use only) ACEP ACTION TAKEN

National Education Representative:

Date received by ACEP: ______________________________ Date sent to NER: ______________________________

☐ Approved ☐ Disapproved

Comments: __________________________________________

__________________________________________ Date: ________________
Signature of National Education Representative:

(6/08)
NER Meeting Prep Checklist
(for your information/guidance only – you do not submit this to ACEP)

To: ACEP CME Applicants

From: ACEP NERs

Re: Education Planning

Contact between emergency physicians, often in different time zones, are challenging to schedule. ACEP’s NERs are dedicated to answering your questions and helping you get your program ideas off the ground. They are very flexible in their styles of conferencing. The ‘checklist’ below contains items that the Chapters need to have sorted out prior to their initial contact with their NER (in the early phases of their program’s planning). This will help prevent further delays in the Chapters’ development process as well as give the NER a good overall picture of the program at hand; so as a starting point, please answer the following questions. Thank you for your cooperation.

1) Date of Completion of This Form:
2) Contact Information:
   A) Name of person answering questions:
      Title:
      Contact Email Address:
      Preferred Telephone Number:
   B) Name of state education representative:
      Contact Email Address:
      Preferred Telephone Number:
   C) Name of educational program director(s):
      Contact Email Address:
      Preferred Telephone Number:

3) State Chapter:
4) Name of Educational Program/Material:
   A) Planned Dates:
   B) Planned Location:
5) Brief Summary of Program:

6) Number of CME hours planned:

7) Has this program been given in the past?
   A) If so, how many times?
   B) When was it given, most recently?
   C) Any problems?
   D) Any major changes?
   E) Previous CME granting organization:
8) Planning Considerations:
   Determination of Needs. (Answer Yes or No)
   Survey of Target Audience:                      Self-Assessment:
   Patient Care Audit:
   Morbidity/Mortality statistics:
   Consensus of Experts:
   Peer Review:
   Faculty perception:
   Other (please describe):

9) What are the educational objectives of the course?
   How do you plan on achieving them?

10) Name the formats that will be used (e.g., lecture, labs, panel discussions, enduring materials):

11) Is the program jointly sponsored with a third party?
    A) Name of third party (non-ACCME accredited organization):
    B) Name of third party contact person/planning representative:
       Contact Email Address:
       Preferred Telephone Number:
    C) What contact and influence has the third party had in the planning process?

12) Brief summary of Faculty (copy and repeat as needed):
    Name:
    Topic:
    Professional Background:
    Reason for selection:

13) Other Information:

14) Please feel free to reference websites or provide attachments that will help the NER better understand your program.

15) For Jointly sponsored programs, the Chapter Representative should remember that:
    A) The Chapter must document its involvement in planning at a time the program could be modified.
    B) The Chapter must appoint designee involved in onsite implementation and evaluation of the program.
    C) ACEP and the Chapter name must appear on all promotional and program material.
       National ACEP must approve brochure copy prior to printing.
    D) There must be an evaluation process in place.

16) Things you can do to help.
    A) If you have any questions, please feel free to contact your specific NER directly.
    B) If you do not hear back from your NER in 2-3 days please contact the CME Approval Coordinator at ACEP who can confirm if the NER is out-of-town on business or pleasure, in which case your specific program may be assigned to another NER in the interim (dependant upon schedule dates).
Certificate of Attendance

This is to certify that

«FullName»

attended

<<COURSE/PROGRAM NAME>>

<<COURSE/PROGRAM DATE(S)>>

developed by

<<State Chapter>> College of Emergency Physicians

This activity has been planned and implemented in accordance with the Essential Areas and Policies for the Accreditation Council of Continuing Medical Education through joint sponsorship of ACEP and the <<State Chapter>> College of Emergency Physicians. The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this educational activity for a maximum of 26.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in this activity.

Approved by the American College of Emergency Physicians for 26.25 hours of ACEP Category I credit.

PHYSICIAN CERTIFIED TOTAL HOURS ATTENDED: «CMEHoursAttended»
Evaluation Form
Samples
Second InterAmerican Congress on Emergency Medicine (IACEM)
Course Evaluation

Course/Lecture Title: ________________________________

Please return completed survey to Dr. Darryl Macias onsite
or to Dina Gonzales at dgonzales@acep.org or fax to: 972-580-2816 no later than July 13, 2008

1. The professional value of this session was:
   _____ significant   _____ moderate   _____ minimal   _____ insignificant

2. The presenter’s teaching skills were:
   _____ excellent   _____ good   _____ fair   _____ poor

3. The presenter’s knowledge of the subject matter was:
   _____ excellent   _____ good   _____ fair   _____ poor

4. The quality of the handout/syllabus for this session was:
   _____ excellent   _____ good   _____ fair   _____ poor   _____ not applicable

5. The quality of the presenter’s audio-visuals for this session was:
   _____ excellent   _____ good   _____ fair   _____ poor   _____ not applicable

6. The level of course content was:
   _____ just right   _____ too basic   _____ too advanced

7. The format for this session was effective:
   _____ strongly agree   _____ agree   _____ disagree   _____ strongly disagree

8. The amount of time allowed for this session was:
   _____ just right   _____ too long   _____ too short

9. The presentation was balanced and free of commercial bias:
   _____ agree   _____ disagree (if you disagree, please explain below)

10. What single title describes your position:
    _____ emergency physician   _____ non-emergency physician   _____ nurse
     _____ physician assistant   _____ nurse practitioner   _____ EMT/paramedic
     _____ non-clinical personnel   _____ other

Please provide any additional comments you may have about the lecture in the space below or on a separate page, or you mail e-mail them to dgonzales@acep.org.

THANK YOU
**Second InterAmerican Congress on Emergency Medicine (IACEM)**

**Overall Conference Evaluation**

Please return completed survey to Dr. Darryl Macias onsite or to Dina Gonzales at dgonzales@acep.org or fax to: 972-580-2816 no later than July 13, 2008

1. Please rate each of these factors on how important they were in your decision to attend this conference *(please circle your responses)*

<table>
<thead>
<tr>
<th>Great Importance</th>
<th>Little Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of meeting <em>(Buenos Aires, Argentina)</em></td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Time of Year <em>(June)</em></td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Number of CME credits offered</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Registration cost</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Total cost <em>(hotel, travel, etc.)</em></td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Faculty Credentials</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Personal/professional networking</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Learn the latest advances</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

2. What one factor most influenced your decision to attend?

3. To what degree did this year’s meeting meet these purposes?

   ____ great degree   ____ small degree   ____ moderate degree   ____ not at all

4. The length of the program *(3 days)* was:

   ____ satisfactory   ____ too short   ____ too long

5. The overall level of content presented was:

   ____ just right   ____ too advanced   ____ too basic

6. Did the conference provide you with information that you will implement in your practice?

   ____ yes   ____ no   ____ unsure   Comments ___________________________

7. Compared to other educational conferences with similar content and format, do you feel that this meeting was:

   ____ the best conference of its kind   ____ better than most   ____ about the same   ____ below average

8. There was a sufficient variety of topics in this year’s program.

   ____ strongly agree   ____ agree   ____ disagree   ____ strongly disagree

9. Which statement best describes your plans concerning future IACEM meetings?

   ____ definitely will attend another   ____ will consider attending another   ____ will not consider attending another   ____ unsure

10. Compared to other international meetings you have attended, how would you rate this conference?

    ____ the best   ____ better than most   ____ about the same   ____ below average   ____ the worst

11. The learning objectives for each course were stated in the electronic syllabus and on the Web site. Were the objectives met?

    ____ yes   ____ no

12. Buenos Aires, Argentina as a meeting site was:

    ____ very satisfactory   ____ satisfactory   ____ unsatisfactory   ____ very unsatisfactory

13. What did you like most about this conference?

    ________________________________

14. What would you change about this conference/how can we improve upon it?

    ________________________________

**DEMOGRAPHIC DATA:**

15. What is your age?

   ____ under 30   ____ 30-35   ____ 36-40   ____ 41-50   ____ over 50
22. Are you a:  ____ Physician  ____ Resident  ____ Nurse/Nurse Practitioner  ____ Physician Assistant  
    ____ Hospital Administrator  ____ Other (please specify)______________________________

23. What is your **primary** responsibility? (check only one)  
    ____ Patient Care  ____ Academics/Teaching  ____ Dept. Management  ____ Hospital Administration

24. Are you involved in:  
    ____ full time emergency medicine  ____ Other (please specify)______________________________

25. How many years, if any, have you been involved full time in emergency medicine?  
    ____ less than 1  ____ 1-3  ____ 4-6  ____ 7-9  ____ 10 or more  ____ not applicable

*If you are a physician, please answer questions 26 through 27.*

26. Are you board certified in emergency medicine?  
    ____ yes  ____ no

27. Have you completed or are you currently working towards the completion of a residency in emergency medicine?  
    ____ yes  ____ no

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Please provide any additional comments you may have about the Second InterAmerican Congress in Emergency Medicine in the space below or on a separate page, or you mail e-mail them to dgonzales@acep.org.

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**THANK YOU**
As a new feature of our CME Handbook, we have included a list of CME terms and abbreviations which have been contributed from various sources.

**Accreditation:** The decision by the ACCME, or a recognized state medical society, that an organization has met the requirements for a CME provider as outlined by the ACCME. The standard term of accreditation is four years.

**ACCME (Accreditation Council for Continuing Medical Education):** The ACCME sets the standards for the accreditation of all providers of CME activities.

**Accreditation Statement:** The standard statement that must be used by all ACCME accredited institutions and organizations.

**Accreditation Survey:** A form of data collection by the ACCME that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the Elements of the Essential Areas are applied.

**Activity:** An educational event for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met.

**Commercial Supporter:** The institutions or organizations that provide financial or in-kind assistance to a CME program or for a CME activity. The definition of roles and requirements when commercial support is received are outlined in the ACCME Standards of Commercial Support (Element 3.3).

**Conflict of Interest:** May be considered to exist if the faculty/speaker/author or his/her immediate family member(s) is affiliated with or has financial interest (shareholder, research compensation, ongoing consultation, receiving honoraria for speaking for a company, ownership interest over 1%) in any organization(s) that may have a direct interest in the subject matter of a CME presentation or publication.

**Continuing Medical Education (CME):** Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. (See also Definition of CME under Tab 5, ACCME Policies.)

**Cosponsored activity:** An activity planned and implemented by two or more ACCME or state medical society accredited providers working in partnership. One institution must take responsibility for the activity and the appropriate accreditation statement must be used.

**Credit:** The “currency” assigned to hours of CME. Requirements for the designation of credit are determined by the organization responsible for the credit system, i.e., AMA-PRA (Category 1 and 2 Credit).

**Designation of CME Credit:** The declaration that an activity meets the criteria for a specific type of credit.

**Directly sponsored activity:** An activity planned and implemented by an ACCME or state medical society accredited provider of CME.

**Elements:** The descriptors of performance in each ACCME Essential Area that must be met to be an accredited provider.
**Enduring Materials:** Printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include: programmed texts, audiotapes, videotapes and computer assisted instructional materials that are used alone or in combination with written materials. Books, journals (unless specifically designated) and manuals are not classified as enduring materials.

**Essential Areas:** The three categories of standards necessary to become an accredited provider. They are Purpose and Mission, Planning and Evaluation, and Administration.

**Evaluation:** Determining the worth of something: deciding if the education activities designed have enhanced the competence and performance of practicing health professionals of an institution. The rationale for doing evaluation is to determine if the educational activities are accomplishing what they were designed to do. Evaluation data collection techniques include interviews, written questionnaires, written tests, performance tests, observations, and using existing data sources. Evaluations can be conducted by sponsor, attendee, faculty, or a combination of all of these.

**Faculty:** The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

**Joint Sponsorship:** Sponsorship of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution, or organization and must use the appropriate accreditation statement.

**Meeting Types:**
- **Clinic** — usually face to face small groups, but may have several general sessions where staff provides most of the training resources to train in one particular subject.
- **Conference** — usually general sessions and face-to-face groups with high participation to plan, get facts, and solve organization and member problems.
- **Convention** — usually general sessions and committee meetings; mostly information giving and generally accepted traditional form of annual meeting.
- **Forum** — a panel discussion taking opposite sides of an issue by experts in a given field with liberal opportunity for audience participation.
- **Lecture** — a formal presentation by an expert sometimes followed by a question and answer period.
- **Panel** — two or more speakers each stating a viewpoint with discussion between speakers, guided by a moderator.
- **Series** — usually pre-planned lecture topics offered on a periodic basis, ie weekly grand rounds.
- **Seminar** — usually one face to face group sharing experiences in a particular field under the guidance of an expert discussion leader; generally 30 persons or less.
- **Symposium** — a panel discussion by experts in a given field before a large audience.
- **Workshop** — usually a general session and face to face groups of participants training each other to gain new knowledge, skills or insights into problems; generally no more than 30-35 participants.

**Mission Statement:** A CME mission statement must contain four critical components—goals, scope, audience, and types of activities. It must be formally approved by the institution’s governing body and reviewed periodically. It is a part of an entity’s strategic planning process, clearly tied to the parent organization’s mission, and has well written goals and objectives. It must be clearly linked to the ACCME’s Essential 1.1.

**Needs Assessment/Data:** A process of identifying and analyzing data that reflect the need for a particular CME activity. The data
could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provide the basis for developing learner objectives for the CME activity.

**Objectives**: Statements that clearly describe what the learner will be able to know or do after participating in the CME activity. The statements should result from the needs assessment data.

**Participant**: An attendee, primarily physicians, at a CME activity.

**Planning Process(es)**: The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

**Provider (or Sponsor)**: The institution or organization that is accredited to present CME activities.
JOINTLY SPONSORED

CME ‘R US!
Assumption:

That you have reviewed the content of the updated CME manual posted online in early August.
Not really a “training” session.

It’s a collaboration session!
Session Objectives

1. Establish a clearer understanding of our CME joint sponsorship program.
2. Address questions regarding ACCME guidelines and ACEP processes.
We have a lot of ground to cover.

*Kindly bear with me!*
Five Segments Today:

- Touch on some background and CME basics.
- Look at some *not* so basics.
- Quickly review ACEP’s CME processes.
- Address the latest ACCME challenge areas.
- Open forum (Q&A/discussion) – to help one another.
BLINDING GLIMPSES OF THE OBVIOUS

“BGOS”
BGO’s

- ACEP’s ACCME accreditation = one of the College’s most important assets.
- Accreditation – Not easy to earn, difficult to maintain, but easy to lose!
- The ACCME (not ACEP!) is the law maker.
- ACCME Essentials & their related Elements & Policies = “The Law of CMELand”.
- Vague, subject to interpretation – must do our best to comply.
BGO’s

- The ACCME CME accreditation system: developed to ensure **quality** CME programming.

- **ACEP’s mission** (as an accredited provider) = assure physicians and the public that activities have been planned and implemented in accordance with ACCME guidelines.

*(Not rocket science! But challenging!)*
ACEP’s initial purpose in life = fill the void in EM – specific education.

1973 -- ACEP membership requirement: 150 hours of EM postgrad education every 3 years.

Ever since: dedicated to provide the highest quality EM educational courses, products and learning experiences available in EM.
BGO's cont'd

The national org. believes in joint sponsoring CME with chapters. Enhances physician education; better patient care. Enables chapters to add value to their educational meetings and enduring products. We ALL need to understand – w/ every jointly sponsored activity – ACEP puts its name, reputation and its ACCME accreditation on the line.
BGO:
Non-compliance = ACCME Probation, Suspension, or Termination!
The “not so obvious”!

NSO’s
NSO’s

• When auditing, the ACCME does not distinguish between ACEP events and events ACEP jointly sponsors with chapters.

• To the ACCME, every activity ACEP jointly sponsors with its chapters is an ACEP event!

• Jointly sponsored activities are subject to the same scrutiny; must comply with ALL of the same requirements!
National ACEP is not the lawmaker; it is, however, charged with enforcement. Policies/procedures include requirements over/above those required by the ACCME to ensure support of the College's mission/vision statements, objectives, and membership requirements. All CME activities must be directly related to Emergency Medicine and be planned/implemented by EM professionals.
Per ACCME’s guidelines, a single jointly sponsored activity found to be in non-compliance during ACEP’s reaccreditation could result in placing our accreditation in jeopardy.

Serious stuff, folks.
NSO’s cont’d

- If we don’t enforce/comply – disaster is the potential!

- If forced to choose between loss of accreditation and ending the joint sponsorship program…

Imagine the impact!
NSO’s cont’d

- Scientific Assembly and other ACEP educational meetings and enduring materials would *not* be able to offer AMA Category I CME credit!

- Chapters would not be able to obtain AMA credit for their events and enduring materials from the College.

- Third party sponsorships of chapter events would *not* be possible.

*Clearly, no one wants any of this to happen! (Least of all our members!)*
Let’s turn now to ACEP’s “Joint Sponsorship CME Process”

“I promise you, we are not trying to be the bane of your existence or add to your workload. We are simply trying to do what must be done and trying to do it the best way that we know how. But we need your support and cooperation. Joint sponsorship means joint responsibility. It is at least a 50-50 proposition.”

Tom Werlinich
Associate Executive Director
ACEP Educational Products Division
Joint Sponsorship Applications

- Submit applications for CME approval in a **timely** manner.

- Incomplete applications can NOT be processed for CME.

- Do not make us **chase** you. Non-complying/incomplete documentation will prevent applications from being given timely approval. (We’ve no choice!)

- Not trying to be hard nosed. Just trying to meet ACCME requirements.

- **Please** work with us on this. Don’t curse us when we call or write.
Let’s walk through the app. process and responsibilities...

- Proper Application.
  - Chapter responsibilities.
  - National staff responsibilities.
  - NER (ACEP’s National Education Representative responsibilities).
  - Accreditation Oversight Subcommittee responsibilities.
- Post activity chapter responsibilities.
- National ACEP final responsibilities.
- Data in ACCME annual reports must match the data presented during the corresponding reaccreditation cycle.
Now, let’s shift gears -- focus on what’s **NEW** from ACCME...

Really two main changes:

- Identifying and resolving conflicts of interest ("COI").
- Outcomes measurement requirements.
Financial Relationships: the individual benefits by receiving salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest or other financial benefit from a commercial interest.

COI exists when the individual can affect CME content about products or services of that commercial interest.
Disclosure of any/all COI is mandatory

Written proof of disclosure is mandatory – whether COI exists or not!

Participant disclosure:
- Disclosure must be in writing to audience before CME activity indicating what was disclosed or that there was nothing to disclose; no verbal disclosures at the podium.
- Copy of all disclosures must be in file.
- Who must disclose? All faculty, authors, and planners.
- COI must (now) be resolved.
Resolving COI in CME

- Must identify and resolve all conflicts of interest *prior to* the activity.

- Options:
  - Replace the faculty member.
  - Discuss ACCME requirements to be free of any commercial content or bias; *document* the discussion. (See ACEP policy and form)
  - Suspend offenders from serving in future CME activities.
  - Courses with last minute faculty withdrawal must be cancelled – no verbal disclosure from the podium.
The “HOT SPOTS”

- Late submissions – Plan ahead! Watch submission vs. program start dates; suggested timelines can be found in CME handbook; please keep in mind that all transfer of documentation to/from NER is conducted via regular mail (not e-mail).

- Incomplete applications – please do not submit documentation piecemeal.
General “HOT SPOTS”

- Planning meeting minutes for 3rd party programs (NER involvement).
- MOU for 3rd party programs – draft must be submitted for approval prior to obtaining signatures. ACEP is the last party to sign.
- Needs assessment for all programs (“Professional Practice Gaps”) – must reflect “need” not “want”.
- Measurable Learning Objectives for all programs (not teaching objectives).
- Promotional brochure draft content approval & submission of final samples for all programs.
- Proper ACCME credit statement used!
- Faculty Disclosures - Watch signature date! Must be dated prior to activity and reflect correct activity title.
General “HOT SPOTS”, cont.

- No CME credit for testing.
- CME credit for introduction/conclusion/Q&A sessions, etc. will be considered if measurable learning objectives are provided that support “new learning material” not previously covered during the activity.
- Payment must be received with application package or Chapter will be direct billed.
- No Excel spreadsheets accepted; please configure into Word/PDF format.
- Website links not acceptable for supporting documentation; you must provide us with 2 hard copies.
- Supporting documentation listed in body of e-mail, on cover sheet, or note paper, etc. will not be accepted.
Meeting Specific “HOT SPOTS”

- Post activity report/analysis due within 60 days.
- Signed faculty COI disclosures.
Enduring Material Specific “HOT SPOTS”

- Signed faculty COI disclosures to be submitted with application.
- Faculty CV’s are required with application.
- Quarterly post activity report/analysis.
Questions Submitted

- Why has ACEP changed policy/tightened up so much?
- Can we go somewhere else for our AMA credit?
OPEN FORUM