



NEW HAMPSHIRE MEDICAL SOCIETY

Council on Education

7 North State Street, Concord NH 03301

603-224-1909/1-800-564-1909

nhmed@aol.com

www.nhms.org

Application for Accreditation as a CME Provider - Fee \$2000

Organizational Information

Please complete the following:

1	Name of organization	
2	ACCME ID Number	
	Contact Person for NH Medical Society Communications	
	Submitted by	
	Signature	
	Date	

Director of Medical Education

3	Name	
4	Title	
5	Address	
6	Telephone number	
7	Fax number	
8	e-mail address	

CME Staff Coordinator

9	Name	
10	Title	
11	Address	
12	Telephone number	
13	Fax number	
14	e-mail address	

Chief Executive Officer

15	Name	
16	Title	
17	Address	
18	Telephone number	
19	Fax number	
20	e-mail address	

28	Type of organization		
	Please indicate what classification most accurately describes your organization by placing an X to the left of the most appropriate item.		
	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
	<input type="checkbox"/>	Clinic (single or multi-specialty)	<input type="checkbox"/>
	<input type="checkbox"/>	Physician Member Organization (specialty based)	<input type="checkbox"/>
	<input type="checkbox"/>	Physician Member Organization (non-specialty)	<input type="checkbox"/>
	<input type="checkbox"/>	Health Care Delivery System	<input type="checkbox"/>
	<input type="checkbox"/>	Voluntary Health Association	<input type="checkbox"/>
	<input type="checkbox"/>	Insurance Company/Managed Care	<input type="checkbox"/>
			Education Company (Physician Owned & Operated)
			Education Company, Other
			Consortium/Alliance
			Government or Military
			Not For Profit Foundation (501 c 3)
			Other _____ (please specify)

	The CME program of the organization (One X per line)							
29	<input type="checkbox"/>	<u>does</u> receive commercial support	<input type="checkbox"/>	<u>does not</u> receive commercial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	<input type="checkbox"/>	<u>does</u> participate in Joint Sponsorship	<input type="checkbox"/>	<u>does not</u> participate in Joint Sponsorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<u>does</u> produce Enduring Material	<input type="checkbox"/>	<u>does not</u> produce Enduring Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<u>does</u> produce Journal-based CME	<input type="checkbox"/>	<u>does not</u> produce Journal-based CME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	<input type="checkbox"/>	<u>does</u> produce Internet CME	<input type="checkbox"/>	<u>does not</u> produce Internet CME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	The organization							
	<input type="checkbox"/>	Is <u>not</u> accredited						
	<input type="checkbox"/>	Is accredited by the NH Medical Society <u>until</u>		Accreditation status? (check one)				
			Month	Year		Full	Provisional	Probation
			Month	Year		Full	Provisional	Probation

Summary of Continuing Medical Education Activities

Initial applicants – The summarized data in this table should reflect the listing of the activities requested in the box at the bottom of this page. The listing should include any CME activities you consider part of your CME program during the last 24 months, including those in which you acted as the non-accredited provider in a jointly sponsored activity.

Accredited Providers - Do not complete the table. Submit data from your most recent annual report. See below.

Please provide the following information about your category 1 CME activities, indicating N/A if information is not applicable to your organization.

Activity Reporting Period: ___/___/___ through ___/___/___

Number of

Type of activity	<i>Activities</i>	<i>Hours of instruction</i>	<i>physician participants</i>	<i>non-phys. participants</i>
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Directly sponsored

	Live			
35-38	Conferences approved one at a time			
39-42	Conferences approved as a series			
43-46	Internet			
	Enduring Materials			
47-50	Internet			
51-54	Others			
55-58	Journal CME			
59a-d	Subtotal, Directly sponsored			

Jointly sponsored

	Live			
60-63	Conferences approved one at a time			
64-67	Conferences approved as a series			
68-71	Internet			
	Enduring Materials			
72-75	Internet			
76a-d	Others			
77a-d	Journal CME			
78a-d	Subtotal, Jointly sponsored			

79a-d	Total for all activities			
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80	Total income of your CME unit for the last completed fiscal year ending ___/___/___	\$
81	How much of this total income was from commercial support (grants from non-government sources)?	\$
81a	How much of this total income was from advertising & exhibits ?	\$
82	Total expenses of your CME unit for the last complete fiscal year	\$



Please insert the following in the “Summary of CME Activities” section after this page:

Initial applicants: a list of all the activities (date, title and location, hours of instruction, and participants – physician and non-physician) referred to in the table above. Use the enclosed format.

New Hampshire Medical Society Council on Education (NHMS CE) accredited providers: a copy of page 2 and Appendix A of your last CME activity report to the NHMS.

Program Information

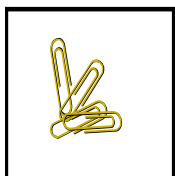
83	CME Program Summary
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Please provide a brief narrative summary of your program, addressing the issues identified below. The responses to these issues will be a frame of reference for your organization's values and vision, which will provide the basis for an accurate understanding of your CME program over the years of its operation. Your summary must not exceed this page plus three (3) additional pages. Insert answers immediately following each question. Please use a different font (10 pt. or larger) or highlight your answers.

- a. Please provide an overview of your program including a brief history of the program since initial accreditation and a description of significant events that have impacted the program.
- b. What are the expectations that you have for your CME Program?
- c. How does your CME mission complement the mission of your organization?
- d. Have there been any major changes in your CME program in the last year? For example, have there been changes in leadership, staff, funding, size, or direction?
- e. What are the strengths of your CME program?
- f. What are the challenges facing your CME program?
- g. If you are currently accredited, please explain what actions you have taken to address any concerns or deficiencies pointed out in your last accreditation decision or annual report review.

ESSENTIAL AREA 1: PURPOSE AND MISSION

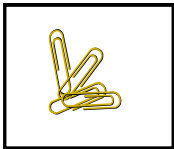
ELEMENT 1.1 The provider must have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided and expected results of the program.



84	<p>Please insert after this page, a copy of your mission statement. Also attach documentation of any reviews and/or changes made to the mission statement since the last accreditation survey. Your mission should contain all of the following components:</p> <ul style="list-style-type: none">• the purposes of the overall CME program• the content areas of the CME effort• description of the target audience• description of the general types of activities and services provided• the expected results of the program <p>Color code each component of the mission.</p>
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ELEMENT 1.2 The provider must demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.

Regarding Element 1.2	
85	Does the CME provider have a parent organization?* <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to next page. If yes, identify the parent by name and complete the following questions.
86	Describe the relationship of the CME Program to the parent organization.
87	Explain how the CME mission is congruent with and supported by the parent organization, or how the CME mission statement is reviewed and approved by the governing body of the parent organization on a regular basis.
88	Describe the support from your parent with respect to financial, facility, or human resources.



Please insert after this page the following:

A copy of your parent organization’s mission statement.

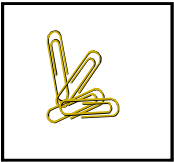
Whichever of the following documentation you may have to demonstrate compliance with element 1.2 (*this is based on the decision-making criteria language for compliance*):
CME is mentioned in the parent organization mission statement and supported with financial, facility, and human resources; or a CME mission statement reviewed and approved by the governing body of the parent organization on a regular basis.

*A “parent” is an organization, an outside entity, which owns or is affiliated with the accredited CME provider that has control or subsidizes the budget, board, or other areas of the CME Unit. A hospital would not be considered the “parent of the CME unit” because it is the hospital that is accredited. However, if that accredited hospital were a part of a health system, the system MAY be considered the parent of the hospital.

ESSENTIAL AREA 2: EDUCATIONAL PLANNING AND EVALUATION

ELEMENT 2.1 The provider must use a planning process(es) that links identified educational needs with a desired result in its provision of all sponsored activities.

Regarding Element 2.1	
89	Describe the planning process(es) that you use in your CME program. Include information describing the people involved and how they function as part of the planning process.
90	Describe the strengths and weaknesses of the process you use for each type of activity, i.e., conferences, Internet activities. Describe any improvements during the past year.



Please insert after this page the following:

- Documentation of your planning process and the actual steps that demonstrate how you linked your identified needs with desired results for a specific CME activity.

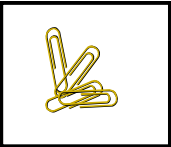
ELEMENT 2.2 The provider must use needs assessment data to plan CME activities.

Regarding Element 2.2			
91	What sources/data have you used since the last accreditation survey to identify your learners' educational needs for each type of activity? (Check all that apply.)		
	<input type="checkbox"/>	Target audience survey	<input type="checkbox"/>
	<input type="checkbox"/>	Patient care/QA data	<input type="checkbox"/>
	<input type="checkbox"/>	Evaluation data from previous activities	<input type="checkbox"/>
	<input type="checkbox"/>	Practice parameters	<input type="checkbox"/>
	<input type="checkbox"/>	Additional requests from target audience	<input type="checkbox"/>
	<input type="checkbox"/>	Mortality/morbidity data	<input type="checkbox"/>
	<input type="checkbox"/>	Department/division requests	<input type="checkbox"/>
	<input type="checkbox"/>	Statutes/regulatory body requirements	<input type="checkbox"/>
	<input type="checkbox"/>	Core curriculum	<input type="checkbox"/>
	<input type="checkbox"/>	Public health data	<input type="checkbox"/>
	<input type="checkbox"/>	Research/literature review	<input type="checkbox"/>
	<input type="checkbox"/>	New products/technology	<input type="checkbox"/>
	<input type="checkbox"/>	Faculty/planning committee perceptions	<input type="checkbox"/>
	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
92 a	Explain how, using specific examples, the needs assessment data are used consistently to plan each type of CME activity. Describe any improvements in the use of needs assessment data during the past year.		
92 b	Describe how you develop objectives and measurable outcomes from identified needs and goals.		
92 c	What are the links between needs assessment data and evaluation of the activity?		
92 d	To be exemplary, the provider must document that “needs assessment data from multiple sources are consistently used to plan and evaluate activities.” Describe how your program meets this criterion.		

At the survey, be prepared to show examples of each source of needs assessment data with identified needs used to plan a CME activity.

ELEMENT 2.3 The provider must communicate the purpose, or objectives of the activity so the learner is informed before participating in the activity.

Regarding Element 2.3	
93	Describe your mechanisms for communicating the purpose, or objectives for each CME activity to the prospective learner. Describe any improvements in communication of purpose, or objectives during the past year.

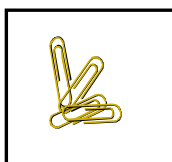


Please insert after this page the following:

- One example of how you communicate the purpose and/or objectives to the learner for each type of activity. Please highlight the purpose and/or objectives. Be prepared to demonstrate at the survey other methods of communicating purpose/objectives.

ELEMENT 2.4 The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs.

Regarding Element 2.4:	
94	Describe the evaluation process(es) that you use for your CME activities. What criteria do you use when choosing evaluation method(s) for your activities?
95	Explain how the evaluation results are used.
96	Describe how your evaluation process(es) measure(s) effectiveness in meeting educational needs as measured by satisfaction, knowledge, or skills.
97	How well do your methods for evaluating individual CME activities work? Describe improvements made in the past year and areas that could be improved.



Please insert after this page the following:

- One example of an evaluation instrument and the summarized data set used for each type of activity to demonstrate you are measuring the effectiveness of your activities to meet the identified educational needs. At the survey, be prepared to provide examples of other types of evaluation instruments you use.

ELEMENT 2.5 The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.

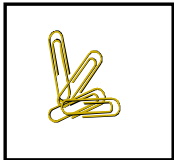
Regarding Element 2.5:	
98	Describe the process used by the CME program to evaluate its effectiveness. When does this evaluation occur?
99	What criteria are used to measure effectiveness and how are they selected? Who participates in the CME program evaluation and why?
100	Did you make improvements in your CME program as a result of the overall evaluation? If yes, please provide a short description of your improvements. (If unaccredited, describe your plan for improvement as a result of your program evaluation.)

NOTE: The evaluation of the overall CME program reviews the extent to which the organization is fulfilling its mission. The fact that you have evaluated each individual CME activity *does not mean* that you have evaluated the overall CME program.

ESSENTIAL AREA 3: ADMINISTRATION

ELEMENT 3.1 The provider must 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 exists.

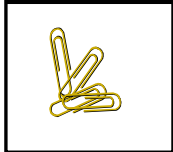
Regarding Element 3.1	
101	Explain and illustrate with an organizational chart the organizational structure and internal relationships of the CME Program.
102	Describe the strengths and weaknesses of the current organization structure and the resources that support the CME Program.
103	Describe the resources (financial and other types) available to the CME Program.



- Please insert after this page, a copy of an organizational chart that depicts the internal structure of your CME unit (including names, titles and responsibilities) and the relationship of the CME unit to other operating units within the organization.
- Submit the most recent annual income and expense report for the CME Program with itemized sources of all revenues and expenses. Accredited providers should attach a copy of the revenue and expense report from the last annual report to the NHMS CE.
- Provide a copy of a budget and final income and expense summary for a specific CME activity.

ELEMENT 3.2 The provider must operate the business and management policies and procedures of its CME program (as it relates to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.

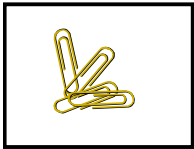
Regarding Element 3.2	
104	Describe how you have organized the implementation and monitoring of the business and management component of your CME Program. Include a description of any improvements and/or plans to improve.



- Please insert after this page a copy of the table of contents of your Policy and Procedure Manual and/or related documents (such as the Employee Manual or personnel policies) that would describe how your organization manages its human resources, financial and legal affairs. (Please note: The NHMS CE does not require you to have a Policy and Procedure Manual.)

ELEMENT 3.3 The provider must present CME activities in compliance with ACCME’s policies for disclosure and commercial support.

Regarding Element 3.3	
105	Describe the practices you use to ensure that the quality and scientific integrity of the content of all activities is assured.
106	Explain your practice concerning identifying products, reporting industry-based scientific research and discussing unlabeled uses of products, including how information is made known to the participants.
107	Describe your method(s) of disclosure of provider and faculty relationships with commercial supporters to the learner.
108	How have you chosen to document that disclosure to the participants has, in fact, occurred?
109	Check here <input type="checkbox"/> if you DO NOT accept commercial support and proceed to 113. If you do, please complete the following questions.
110	Describe the methods you use to manage the budget and funds for an educational activity that receives commercial support.
111	Explain how you oversee commercial activities during educational events.
112	Describe how you ensure that commercial support is not used for participants in educational activities.
113	Describe how you prevent commercially supported social events from competing with/taking precedence over educational activities.



Please insert after this page, the following:

- A copy of your disclosure policy.
- A copy of your Policy and Procedures regarding accepting commercial support.
- An example of the mechanism used to inform faculty of requirement to disclose off-label uses to participants.
- An example of the mechanism used to make disclosures known to participants.
- An example of the mechanism used to acknowledge commercial support to participants.
- Attach documentation, including announcement, completed letter of agreement/contract, and faculty disclosure from one specific CME activity to demonstrate how you implement and manage the Standards for Commercial Support.

Additional Information and Documentation

115	<u>If previously accredited</u> , attach a copy of promotional material showing the appropriate accreditation statement and credit designation statement from one directly sponsored and one jointly sponsored CME activity.
116	<u>If seeking initial accreditation and you have jointly sponsored a CME activity with an accredited provider</u> , attach an example of the appropriate accreditation statement and credit designation statement for an activity.
117	Describe how you accept responsibility that NHMS CE accreditation policies and procedures are met when educational activities are planned and presented in joint sponsorship with non-accredited organizations. Be prepared to show complete documentation at the survey.
117	<i>Describe and attach</i> one sample of the mechanism your organization uses to record and, when authorized, verify participation of participating physicians.
118	<i>Describe and document</i> how your organization is in compliance with policies Eligibility* and Definition of Continuing Medical Education (Policy Compendium page 10)**
119	If the CME Program offers enduring materials, enclose one copy of each type of enduring materials, indicating how the Program consistently communicates all of the following to participants prior to the beginning of the educational activities: <ul style="list-style-type: none"> ▪ Principal faculty and their credentials ▪ Medium or combination media used ▪ Method of physician participation in the learning process ▪ Estimated time to complete the educational activity (same as the number of credit hours designated) ▪ Dates of original release and the most recent review of update
120	How is commercial support acknowledged at the beginning of the enduring material?
121	How is product specific advertising of any type prohibited in enduring materials?
122	If the CME Program offers Journal CME, describe the following: <ul style="list-style-type: none"> ▪ Does the activity include the reading of an article(s), a provider stipulated/learner directed phase, and a requirement for the completion by the learner of a predetermined set of questions or tasks relating to the content of the material as part of the learning process? <i>Enclose one copy of a journal CME activity if appropriate.</i>

* An organization is not eligible to apply for accreditation if, in the judgment of the NHMS CE, its program is devoted to advocacy of unscientific modalities of diagnosis or therapy. (Policy Compendium "Eligibility" page 10)

**The Definition of Continuing Medical Education:

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. (Policy Compendium "Definition of Continuing Medical Education" page 6)