CME Activity Request requirements are based on (*C1-C22) criteria of the ACCME® Essential Areas and Elements and THE ACCME STANDARDS FOR COMMERCIAL SUPPORT™(*SCS). Instructions: Please complete this form and return with a detailed activity outline plus all required documentation (as indicated within this form) by Fax: 435-3072 or mail: Mobile Infirmary, CME Coordinator/Education Department, P.O. Box 2144, Mobile, AL 36652. If questions arise during this request completion, call 435-2578. (*See Appendix for specific explanations.)

A. Proposed Activity

Activity Title:_________________________________________________________________________
Activity Date:__________________________________________________________
Activity Location: Infirmary Health Hospital Facility: ☐ Mobile Infirmary ☐ Thomas Hospital ☐ North Baldwin
☐ Other—Specify: [Note: CME Fair Market Value must be assessed at off-campus locations; see budget section.]

Estimated Attendance:______ Target Audience: ☐ All Providers (if activity is not for all providers, please select all that apply):
☐ Primary Care Physicians ☐ Specialty Physicians ☐ Pharmacists ☐ Pharm Techs
☐ Physician Assistants ☐ Nurses ☐ Nurse Practitioners ☐ Managers
☐ Fellows/Residents ☐ Medical Assistants ☐ Other—Specify: ___________________________

Specialty: ☐ All Specialties ☐ Anesthesiology ☐ Cardiology ☐ Dermatology
☐ Emergency Medicine ☐ Family/Internal Medicine ☐ Neurology ☐ OB/GYN
☐ Oncology ☐ Orthopedics ☐ Pediatrics ☐ Radiology
☐ Psychiatry/Behavioral Health ☐ Radiation Oncology ☐ Surgery☐ Radiology
☐ Other—Specify: ___________________________

AMA PRA Category 1 Credit(s)™ requested (1 credit =1 hr education time; 0.25 hr increments of total education time only, exclusive of activity breaks, etc.): ________

Providership (check all that apply)
☐ Direct (Mobile Infirmary provides CME credit for Mobile Infirmary)
☐ Joint (Mobile Infirmary provides CME credit for non-CME entity such as a clinic or organization)
☐ Co-provider (accredited provider works with MI; MI provides CME credit): Name of co-provider: Click here to enter text.

Activity Type (check all that apply) (*See CME Definitions in Appendix for detailed description.)
☐ Live Activity - Course ☐ Enduring Material ☐ Internet Searching and Learning
☐ Live Activity - Regularly Scheduled Series ☐ Journal Based CME ☐ Performance Improvement CME
☐ Wkly ☐ Biweekly ☐ *Monthly ☐ Other ☐ Manuscript ☐ Committee Learning
☐ 1st wk ☐ 2nd wk ☐ 3rd wk ☐ 4th wk ☐ *Weekday: ☐ M ☐ Tu ☐ W ☐ Th ☐ F
☐ Enduring Material ☐ Internet Activity Enduring Material ☐ Test Item Writing
☐ Internet Activity Live ☐ Internet Activity Enduring Material ☐ Learning from Teaching (not offered at MI; can be applied for directly through AMA.)

Activity Format (check all that apply)
☐ Single Lecture w/Q&A at end ☐ Computer-based Learning ☐ Audience Discussion + Q/A throughout (e.g. journal club)
☐ Multiple Lectures (conference) ☐ Hands-on Learning (e.g. simulations, experiential activities) ☐ Mentoring/Shadowing
☐ Case Presentations ☐ Audience Response System for audience engagement
☐ Other—Specify: ___________________________
Competencies activity will address: (Check all that apply; refer to definitions for more information.)

ACGME/ABMS
☐ Patient Care and Procedural Skills
☐ Medical Knowledge
☐ Practice-based Learning and Improvement
☐ Interpersonal & Communication Skills
☐ Professionalism
☐ Systems-based Practice

Institute of Medicine
☐ Provide patient-centered care
☐ Work in interdisciplinary teams
☐ Employ evidence-based practice
☐ Apply quality improvement
☐ Utilize informatics

Interprofessional Education Collaborative
☐ Values/Ethics for Interprofessional Practice
☐ Roles/Responsibilities
☐ Interprofessional Communication
☐ Teams and Teamwork

Other Competencies (different than above)
Specify: ________________

Activity (Physician) *Director/Consultant: Click here to enter text.
(*Individual involved in planning, organizing and conducting activity; attach additional sheets if multiple people are involved)
Title: Click here to enter text.
E-mail Address: Click here to enter text.
Telephone: Click here to enter text.
Address: Click here to enter text.

Activity **Coordinator (if different from Director above): Click here to enter text.
(**Individual responsible for logistics/paperwork—objectives, outline, rosters, arrangements, etc. of activity)
Title: Click here to enter text.
E-mail Address: Click here to enter text.
Telephone: Click here to enter text.
Address/Dept: Click here to enter text.

List all individuals (C7, SCS 2.1) assisting with activity planning. NOTE: Each person in a position to control an education activity’s planning, approval or content is required to complete and submit a “Disclosure & Attestation” form. (See Appendix Section D, page 2 & 3 for disclosure form.) (C7, SCS 2.1) Individuals refusing disclosure will be disqualified from planning and/or implementation. (C7, SCS 2.2) If a conflict of interest is evident upon committee review, resolution must occur. (C7, SCS 2.3) Resolution may include preview of speaker’s presentation for bias and implementation of recommendations from review. Relevant disclosures must be made known to participants prior to activity. (C7, SCS 6.1-6.2, 6.4-6.5) How will this be done? (Check all that apply): ☐ Verbally ☐ PowerPoint ☐ Handout ☐ Brochure ☐ Other: ______

<table>
<thead>
<tr>
<th>Name of individual</th>
<th>Individual’s role in activity</th>
<th>Name of commercial interest</th>
<th>Nature of relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Jane Smythe, MD</td>
<td>Course Director</td>
<td>None</td>
<td>---</td>
</tr>
<tr>
<td>Example: Thomas Jones</td>
<td>Faculty</td>
<td>Pharma Co. US</td>
<td>Research grant</td>
</tr>
</tbody>
</table>

☐ Check here If there are additional individuals in control of content for the activity, please attach a separate page using the same column headings; each is required to complete and submit a “Disclosure & Attestation” form.

Presenter Name: Click here to enter text.
Title: Click here to enter text.
Office Telephone: Click here to enter text.
Cell Phone: Click here to enter text.
E-mail Address: Click here to enter text.
Address/Department: Click here to enter text.

Notes: Attach additional sheets if necessary for multiple speakers.
Submit a curriculum vita for each speaker which validates expertise in the specified area.
Each activity speaker must sign a “Disclosure & Attestation” form (see Appendix Section D)
B. Activity Funding - Attach a separate activity budget. (Check all statements that apply):

(Note: An Income/Expense statement detailing receipts and expenditures is required at activity completion (C8, SCS 3.13).)

☐ Fees will be collected (registration, exhibits, meals, etc.)
  - Specify registration fee amounts: $[ ] MD $[ ] non-MD
    *CME Fair Market Value (FMV) must be assessed for off-campus activities. FMV=$25/credit for 2015 and may be charged to physicians directly or allocated/tracked thru medical staff office, per MI nonmonetary compensation policy.
  - Provide list of all exhibitors; all vendors/exhibitors must sign vendor agreement.

☐ Institutional/Department
☐ Other funding sources (specify): Click here to enter text.

Check ONE of the following:
☐ Commercial Support will not be involved.
☐ Commercial Support will be involved. (C8, SCS 3.4-3.6) Complete chart below for each commercial supporter:

<table>
<thead>
<tr>
<th>Name of commercial supporter</th>
<th>Amount of monetary commercial support</th>
<th>In-kind</th>
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</thead>
<tbody>
<tr>
<td>Example: XYZ Pharma Company</td>
<td>$5,000</td>
<td>(x)</td>
</tr>
<tr>
<td>Example: ABC Medical Device Company</td>
<td></td>
<td></td>
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</tbody>
</table>

(Note: If there are additional commercial supporters, please attach a separate page using the same column headings.)

*Regarding the oversight of funds from a commercial supporter:

(a) Funds received must be in the form of an educational grant payable to Mobile Infirmary.
(b) Terms, conditions, and purposes of the educational grant are documented in a signed letter of Agreement (C8, SCS 3.4-3.6) between Mobile Infirmary and each supporter (see Appendix Exhibit E)
(c) Honoraria and expenses are reasonable; paid in compliance with provider policies (C8, SCS 3.8; 3.10)
(d) No other funds are paid by the proprietary company to the director of the activity, faculty, or others involved with the supported activity.
(e) Disclosure of commercial support must be made to learners prior to activity. (C7, SCS 6.3-6.5)
(f) On final (actual) budget, attach a separate sheet with grants itemized; list company names and amounts.
C. Needs Assessment

Select one or more source of best practice/desired physician attribute: (C6) (Describe/attach source of evidence.)

☐ Review of changes in Quality of Care as revealed by medical audit or other patient care reviews:
  ☐ QI reports  ☐ Chart reviews  ☐ Audits  ☐ Other (describe): Click here to enter text.

☐ Ongoing census of diagnoses made by staff, as evidenced by:
  ☐ note summaries  ☐ meeting minutes – department specific: Click here to enter text.

☐ Advice from authorities of the field or relevant medical societies, as evidenced by:
  ☐ attached expert list  ☐ medical society

☐ Formal or informal requests or surveys of the target audience, faculty or staff, as evidenced by:
  ☐ Survey of: Click here to enter text.  ☐ Other (describe): Click here to enter text.

☐ Committee discussion, evidenced by Click here to enter text. meeting minutes

☐ Evidence from peer-reviewed journals, government sources (Medicare, Health Dept, etc.), census reports:
  ☐ journal articles, ☐ government documents, ☐ website: Click here to enter web address

☐ Review of board examinations and/or re-certification requirements, as evidenced by □ reviews, □ updates

☐ New procedure, technology, equipment, methods of diagnosis/treatment, specifically:
  Click here to enter text.

☐ Legislative, regulatory or organizational changes affecting patient care, specifically:
  Click here to enter text.

☐ Joint Commission Patient Safety Goal/Competency (include copy of goal and/or Institute of Medicine (IOM) Core Competencies, The Accreditation Council for Graduate Medical Education (ACGME)/American Board of Medical Specialties (ABMS) competencies, ABMS Maintenance of Certification)

☐ National priorities: ☐ MRSA, ☐ Disaster Preparedness/Response Plan, ☐ Cultural Competency, ☐ Fall Risk, ☐ Other (describe): Click here to enter text.

What is the quality gap—or the professional practice gap (C2)—the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge?

How do we know this is a problem (C2)?

☐ Surveys of Physicians  ☐ Committee Requests  ☐ Regulatory Board  ☐ State/National Trends
☐ Chart Audits  ☐ Quality Initiatives/Data Requirements-  ☐ Activity Evaluation Feedback
☐ Other (describe): Click here to enter text.
☐ Website: Click here to enter text.

Will this activity integrate CME into the process of improving physicians’ professional practice? (C16) ☐ Yes ☐ No

(C3) This is a gap in physician (select all that apply):

☐ competence (ability or skill) – activity should provide evidence of strategy possessed after activity that wasn’t there before
☐ performance (practice/on the job)- activity should provide performance data or behavior change comparison of before/after activity
☐ patient outcomes (requires measures from patients—e.g. satisfaction, receipt of care, etc.)

Statement of Need: (C2) (Why is this activity necessary, what needs to change? How will it improve patient care?) Click here to enter text.

What are potential or real barriers—Why are participants doing things differently than what is desired-- why are they not able to translate new knowledge/competence into new performance/patient outcomes?-- facing physicians if this need (gap) is addressed? (C4) (e.g. lack of funding, need new equipment, poor client communication, lack required training, stereotypes, administrative issues, time limitation, etc.): Click here to enter text.

What strategy can be implemented to remove, overcome or address the barrier to physician change? (C19)

In terms of effects on patients, safety or systems, what is activity designed to change (desired result)? (C3)

What other groups within Mobile Infirmary are you working with on this issue?

Does activity address working within our system framework for quality improvement (C21)? ☐ Yes ☐ No

If yes, describe how:
Who outside Mobile Infirmary, in our community, could be potential partners to identify practice gaps, barriers etc., in working on this issues identified for this activity? (C20) (Examples: health dept., EMA, community organizations, Software Company, medical society)

Did you speak with those partners? yes ☐ no ☐

**Collaboration and cooperation with other stakeholders (organizations/groups sharing same interests) (C20):**

Which outside organizations are working on this issue that could be partnered with?

What ways could these groups help address or remove barriers identified in “needs assessment” above?

What non-educational ways can issue be addressed?  -- (A non-educational strategy to enhance or facilitate change as an adjunct to activities or educational interventions could be 1) sending reminders to participants following CME activities (e.g., “Don’t forget to…” or “Have you incorporated…?”), or 2) working with others to facilitate a peer to peer feedback system to reinforce new practices, or 3) incorporating new questions about the new practices into patient satisfaction questionnaires. (C17)

What outside factors impact patient outcomes that cannot be controlled? (C18):

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**D. Attach Educational Objectives:**

What are desired results of the activity? (Objectives support the attainment of desired result.)

*Fill in the blanks:* As a result of attending the activity, a participant will be able to ___, to ___, and to ___. Avoid verbs like understand, appreciate, believe, know and learn as these are not measurable. Some acceptable verbs indicative of critical thinking include: state, list (for knowledge); describe, discuss, explain (for comprehension); apply, practice (for application); analyze, compare (for analysis); design, plan (for synthesis); and assess, compare, measure (for evaluation).

-  Click here to enter text.

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**E. Activity Content**

*Attach a copy of a proposed activity outline (e.g. detailed outline of content to be presented or entire PowerPoint) designed to meet the objectives.* Include an exact timeline for each presentation or activity.

What is the proposed format (C5) that is appropriate to objectives and desired results? *(Check all that apply)*

- □ Presentation
- □ Case Study
- □ Round Table
- □ Simulation
- □ Other (describe):

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**F. Compliance Assessment:** To consider credit for this activity, the following must be complete for compliance purposes:

1. Will the CME Activity primarily address issues which concern the hospital and/or the hospital’s patients, for example, training on the prevention of nosocomial infection, surgical techniques, or a case conference? No ☐ Yes ☐

2. Will the proposed CME Activity primarily address compliance training, for example, requirements of Federal and State health care activities, such as billing, coding, reasonable and necessary services, documentation or unlawful referral arrangements?

   No ☐ Yes ☐

3. Will the proposed CME Activity primarily address the requirements of Federal, State or local laws, regulations, or rules which govern the conduct of the physician attendees? No ☐ Yes ☐

4. Set forth, in specific detail, the subject matter the CME activity will address, if not obvious from title and learning objectives:

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**G. Activity Evaluation (C11)**

What types of evaluation method(s) will be used to know if the activity met the need and created a change in competence, performance, or patient outcomes? *(Check all that apply)*

- □ Immed Post-Activity Evaluation
- □ Pre- and Post-Quiz
- □ Audience Response System
H. Acknowledgements

The activity brochure/announcements must be approved prior to publication. Use the Brochure Checklist to ensure all required information is provided. If activity is approved for AMA PRA Category 1 Credit™, I acknowledge the following:

☐ Yes  ☐ No  I have read and agree to abide by THE ACCME STANDARDS FOR COMMERCIAL SUPPORTSM.
☐ Yes  ☐ No  I will provide information in a timely manner, as requested by the CME staff.
☐ Yes  ☐ No  I will obtain approval of all advertisements/brochures/marketing materials by CME staff before use.
☐ Yes  ☐ No  I understand that all content will be reviewed by the Medical Education Committee prior to activity.
☐ Yes  ☐ No  I understand a CME staff member/medical education committee member will attend CME activity.

________________________________________
Signature of Activity Director/Consultant          Date

________________________________________
Signature of Activity Coordinator               Date

CME/EDUCATION DEPARTMENT USE ONLY

________________________________________
Signature of Medical Education Committee Chair          Date

Date Rec'd: ________ CME Committee Date: ________ Approved: ______ # Credits: ______ Deferred: ______

Disapproved: ________ Reasons: ________
A. Accreditation Criteria

CRITERION 4, 14 & 15 were eliminated effective February 2014.

Criterion 1 - The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

Criterion 2 - The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

Criterion 3 - The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

Criterion 5 - The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

Criterion 6 - The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

Criterion 7 - Provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, & 6).

Criterion 8 - The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial SupportSM).

Criterion 9 - The provider maintains a separation of promotion from education (SCS 4).

Criterion 10 - The provider actively promotes improvements in health care, and NOT proprietary interests of a commercial interest (SCS 5).

Criterion 11 - The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions.

Criterion 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.

Criterion 13 - The provider identifies, plans and implements 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.

Accreditation with Commendation

Criterion 16 – The provider operates in a manner that integrates CME into process for improving professional practice.

Criterion 17 - The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

Criterion 18 - The provider identifies factors outside the provider’s control that impact on patient outcomes.

Criterion 19 - The provider implements educational strategies to remove, overcome or address barriers to physician change.

Criterion 20 - The provider builds bridges with other stakeholders through collaboration and cooperation.

Criterion 21 - The provider participates within an institutional or system framework for quality improvement.

Criterion 22 - The provider is positioned to influence the scope and content of activities/educational interventions.
Proposed Menu of Accreditation with Commendation

THE CREATION OF CME
The Provider:

Criterion 23 - Uses a multi-interventional approach to maximizing the impact of CME (e.g., more than one format within an activity combined in a series of activities; a series of sessions/formats to address one professional practice gap).

Criterion 24 - Engages in interprofessional collaborative practice in the planning and delivery of interprofessional continuing education activities.

Criterion 25 - Integrates patient and public representatives as planners, teachers and learners in CME.

Criterion 26 - Integrates undergraduate or postgraduate health professions’ students as CME researchers and CME planners.

Criterion 27 - Develops and implements activities on the implementation of health informatics and the use of health information, in improving health.

Criterion 28 - Develops and implements activities on factors affecting the health of populations.

Criterion 29 - Develops and implements individualized CME activities.

THE PROGRAM
The Provider:

Criterion 30 - Works with other healthcare disciplines or other elements of healthcare on local, national, or global initiatives intended to improve health or healthcare.

Criterion 31 - Utilizes strategies to enhance change as an adjunct to its CME activities (e.g., reminders, patient feedback, or other strategies to remove, overcome, or address barriers to physician change).

Criterion 32 - Implements a research design and publication strategy in the evaluation of CME.

Criterion 33 - Demonstrates that the CME program leadership has engaged in continuing professional development in domains relevant to the CME enterprise.

Criterion 34 - Demonstrates creativity and innovation in the development and delivery of CME.

OUTCOMES
The Provider:

Criterion 35 - Develops and implements CME,
1. According to the American Medical Association (AMA) Physician’s Recognition Award’s (PRA) “Requirements for Designating New Procedures and Skills Training for Credit” and,
2. As described by the AMA PRA, demonstrates it has provided “Verification of proctor readiness” or “Verification of physician competence to perform the procedure.”

Criterion 36 - Demonstrates that individual learners have improved their own performance in practice.

Criterion 37 - Demonstrates that the CME program contributed to changes in processes of delivering healthcare.
B. The ACCME Standards for Commercial SupportSM Standards to Ensure Independence in CME Activities

STANDARD 1: Independence

STANDARD 1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See the Policies Supplementing the Standards for Commercial Support 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.

STANDARD 1.2 A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

STANDARD 2: Resolution of Personal Conflicts of Interest

STANDARD 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.

STANDARD 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.

STANDARD 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

STANDARD 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

STANDARD 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.

STANDARD 3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of provider.

STANDARD 3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter and the provider. The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

STANDARD 3.5 The written agreement must specify the commercial interest that is the source of commercial support.

STANDARD 3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

STANDARD 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

STANDARD 3.8 The provider, the joint provider, 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.

STANDARD 3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

STANDARD 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.

STANDARD 3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

STANDARD 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 provider or educational partner.

STANDARD 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

STANDARD 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.

STANDARD 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. (Supplemented February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.) Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product Web sites 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. 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.

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.

For Journal-based CME, None of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

STANDARD 4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 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.

STANDARD 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

STANDARD 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.

STANDARD 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

STANDARD 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.

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

STANDARD 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.

STANDARD 6.4 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.
C. CME DEFINITIONS

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.

Program of CME: The CME activities and functions of the provider taken as a whole.

AMA PRA ACTIVITY FORMAT DEFINITIONS:

Live activity is an activity that occurs at a specific time as scheduled; may be offered by a variety of mechanisms such as conferences, workshops, seminars, regularly scheduled series (RSS), journal clubs, simulation workshops, structured learning activities during a committee meeting and live Internet webinars.

Committee Learning, an ACCME defined format, is a CME activity that involves a physician learner’s participation in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of CME.

Enduring Material is activity that endures over a specified time. It can include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities. It must include learner instructions on how to complete the activity. It must include an assessment of learner that measures achievement of the educational purpose and/or objectives with an established minimum performance level. It must include bibliographic sources to allow for further study.

Journal-based CME activity is an article, within a peer-reviewed, professional journal, certified for credit prior to publication of the journal. An assessment of the learner that measures achievement of educational purpose and/or objectives must be provided with an established minimum performance level. This may include patient-management case studies, a post-test and/or application of new concepts in response to simulated problems.

Manuscript review is a critical review of an assigned journal manuscript that has been submitted for journal publication that is included in the MEDLINE bibliographic database.

Performance Improvement Continuing Medical Education (PI CME) is a three-stage process of evidence-based performance measures that may address any facet (structure, process or outcome) of a physician’s practice with direct implications for patient care.

Test-item writing activity is where physicians learn through their contribution to the development of high stakes exams, or certain peer-reviewed self-assessment activities, by researching, drafting and defending potential questions. This activity must be developed only for National Board of Medical Examiners (NBME) exams; American Board of Medical Specialties (ABMS) board certification; national medical specialty society peer-reviewed, published, self-assessment activities.

Internet point-of-care (PoC) activity is self-directed online learning on topics relevant to clinical practice. It must have a process to oversee content integrity, including appropriate selection and use of professional, peer-reviewed literature, and ensuring that search algorithms are unbiased. It must provide clear instructions on how to access the portal/database. Participation must be verified by tracking topics and sources searched. This activity requires completion and documentation of a three-step cycle: 1) review/document clinical question, 2) identify relevant sources among consultants, and 3) describe application to practice and the change in knowledge, competence or performance as measured by physician practice application or patient health status improvement. Each structured Internet PoC cycle should be designated for one-half (0.5) AMA PRA Category 1 Credit™.

ACCME ACCREDITATION CRITERIA TERMS AND DEFINITIONS:

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

Competence is the simultaneous integration of knowledge, skills and attitudes required for performance in a designated role and setting. Is knowing how to do something...a combination of knowledge, skills and performance...the ability to apply knowledge, skills and judgment in practice.
**Competency** is an underlying characteristic... causally related to effective or superior performance in a job.

Patient Care and Procedural Skills – Identify, respect, and care about patients’ differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

**ACGME Core Competencies**

**Medical Knowledge** - Established and evolving biomedical, clinical and cognate (e.g. epidemiological and social behavioral) sciences and the application of knowledge to patient care.

**Practice-based Learning and Improvement** - Involves investigation and evaluation of one’s own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Additional documentation is required to be awarded AMA PRA Category 1 Credit™ for this ACGME core competency.

**Interpersonal & Communication Skills** - That result in effective information exchange and teaming with patients, their families and other health professionals.

**Professionalism** - Commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

**Systems-based Practice** - Actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

**Performance** is what one actually does, in practice. Performance is based on one’s competence but is modified by system factors and the circumstances.

**Professional Practice Gap** is the difference between actual and ideal performance and/or patient outcomes. In patient care, the quality gap is “the difference between present treatment success rates and those thought to be achievable using best practice guidelines.” It can go beyond patient care, for example, systems’ base practice, informatics, leadership and administration.

**Regularly Scheduled Series (RSS)** is defined as an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are primarily planned by and presented to the accredited organization’s professional staff. RSS activities must: (a) implement monitoring systems that demonstrate their RSS meet the ACCME’s Updated Criteria, and (b) provided evidence (e.g., reports) of their monitoring system(s) that meet the following expectations:

- meet ACCME’s Updated Criteria and be in compliance with ACCME Policies4. Providers’ monitoring systems must incorporate, measure and document compliance with Criteria 2 - 11 and applicable ACCME Policies.
- must collect data and information from all series as a part of its monitoring system.
- data may be derived from either (1) a sample of a provider’s sessions or (2) from all sessions. However, if sampling is used, it must be applied consistently for 10% to 25% of the sessions within each series across the whole accreditation term.
- must analyze the data and information and determine if the RSS has met ACCME’s Criteria and the applicable ACCME Policies.

If monitoring system data indicate that performance within the sampled series or sessions did not meet one of Criterion 2 - 10 or an applicable ACCME Policy, then the provider must:

a) identify the problem and describe it in VIII-F of the self study outline (related to C13),
b) describe the implemented improvements in VIII-G of the self study outline (related to C14), and
c) describe the impact of the implemented improvements in VIII-I of the self study outline (related to C15).

**Scope of Practice** is the range or breadth of a physician’s actions, procedures, and processes. Health care services a physician or other healthcare practitioner is authorized to perform by virtue of professional license, registration or certification. “It is the definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner, with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability.”
**D. CME Disclosure & Attestation For Presenters/Faculty**

We are pleased that you are willing to participate in Mobile Infirmary CME activities. We seek to provide needs-based educational opportunities to improve healthcare quality.

Mobile Infirmary is accredited by the Medical Association of the State of Alabama to offer continuing medical education to physicians. As such, we have made the choice to meet the Accreditation Council for Continuing Medical Education’s (ACCME) expectations for our practice of continuing medical education. We look forward to working together to provide CME at the highest standard.

**CME ACTIVITY CONTENT STANDARDS:**

Mobile Infirmary requires that the content of CME activities and related materials provide balance, independence, objectivity and scientific rigor. Planning must be free of the influence or control of a commercial entity and must promote improvements or quality in healthcare.

Regarding CME content, it is the policy and expectation of Mobile Infirmary that:

- All recommendations involving clinical medicine 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 this activity in support of justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection and analysis.

When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several companies must be used.

**DISCLOSURE & ATTESTATION:**

Mobile Infirmary has implemented a process for obtaining disclosure of all relevant financial relationships with any commercial interest by those in a position to control an education activity’s planning, approval or content. Also Mobile Infirmary seeks to preserve the CME participation of all planners and faculty through their attestation to certain statements regarding their role.

Conflicts of interest develop when an individual has an opportunity to affect CME content about the products or services of a commercial interest with which he/she has a financial relationship.

The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. (See Glossary at end for additional definitions of terms).

Through your completion of the attached form, we can inform CME participants about your relevant financial or other relationships and also can move to the next steps in your CME activity participation. Refusal to provide disclosure and attest compliance with our CME role statements (page 3) disqualifies one from participating in Mobile Infirmary CME activity planning and implementation.
Conflicts of interest develop when an individual has an opportunity to affect CME content about the products or services of a commercial interest with which he/she has a financial relationship.

**PART 1: DISCLOSURE**

*If you are Mobile Infirmary staff who expects to speak at or plan more than one CME session over the year: Please disclose and attest regarding all relationships in order to encompass any individual session’s subject content.*

Does your presentation include discussion of any commercial products or services? Yes ☐ No ☐

Will you discuss any non-FDA approved uses of products/providers of services? Yes ☐ No ☐

☐ Within the past 12 months I, the undersigned, or my spouse/partner have a relevant financial arrangement or affiliation with the organizations/companies noted below. (We consider the relevant financial relationships that you are aware of your spouse or partner to be yours.)

<table>
<thead>
<tr>
<th>Organization/Commercial Interest</th>
<th>Nature of Relevant Financial Relationships (Include all those that apply)</th>
<th>Role(s) &amp; What I Received</th>
<th>Specific Clinical Areas/Topics that Correspond to the Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: XYZ Pharmaceuticals</td>
<td>Examples: Speaker honorarium, fee for consulting, advising, review panel/board membership, etc., salary, royalty, intellectual property rights, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit.</td>
<td></td>
<td>Example: Hormone Therapy</td>
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</tbody>
</table>

☐ I and my spouse/partner have NO relevant financial relationships with any commercial interests.

Signature: _____ Date: [Click here to enter a date]
PART 2: ATTESTATION
Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree  Disagree
☐ ☐ I have disclosed to Mobile Infirmary all relevant financial relationships. If I am a presenter for a lecture/didactic session, I will also disclose these relationships to learners (verbally, through a slide, etc.), so they may form their own opinions as to possible bias in either exposition or conclusion.

I am aware Mobile Infirmary will disclose this information to learners through additional means and, where evaluation forms are used, ask participants to indicate their opinions regarding possible bias.

☐ ☐ Should I be involved in Mobile Infirmary CME topic or content development and/or presentation of information, my involvement will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Any Mobile Infirmary content with which I am involved, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.

☐ ☐ I will not accept honoraria, payments or reimbursements related to Mobile Infirmary CME, unless agreed upon directly with Mobile Infirmary.

☐ ☐ PRESENTERS, MODERATORS, PANELISTS, OTHER FACULTY: PLEASE CONTINUE. Others please sign and date below.

☐ ☐ I understand that Mobile Infirmary may request to review my presentation and/or content prior to the activity. I will provide educational content and resources in advance if requested.

☐ ☐ I understand that participants may be asked to evaluate whether my contribution to a CME event(s) is educational, and not promotional, in nature.

☐ ☐ ☐ If I am providing recommendations involving clinical medicine, they will 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.

☐ ☐ ☐ If I am providing patient care recommendations, all supporting scientific research I use, report or to which I refer, will conform to the generally accepted standards of experimental design, data collection and analysis.

☐ ☐ ☐ If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available and not just trade names from any single company.

☐ ☐ ☐ If I have been trained or used as a speaker by a commercial entity or its agent (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.

☐ ☐ ☐ If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.

☐ ☐ In consideration of HIPAA requirements, I understand and agree to take reasonable steps to protect confidential patient information by using only blinded and/or de-identified patient information. Where applicable, only the minimum information necessary to conduct CME education will be used and disclosed. It is understood that further disclosure of patient health information outside of the CME activity is not permitted.

I have carefully read and considered each item above and have responded to the best of my ability.

Signature: ______ Date: [Click here to enter a date]
Glossary of Terms

Commercial interest
The ACCME defines a commercial interest as 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. Providers of clinical service directly to patients are not considered to be commercial interests.

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 she/he has a financial relationship.

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 for which remuneration is received or expected. ACCME considers relationships of the person involved in the CME activity to include relationships of a spouse or partner.

Relevant financial relationships
ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be relevant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

HIPAA compliance: Patient case discussions must use blinded, de-identified patient information only.

Again, thank you for agreeing to work with us in this CME activity. We look forward to its making an important contribution to the continuing professional development of our learners and to your professional practice.
**Letter of Agreement for Commercial Support**

Mobile Infirmary is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, the Mobile Infirmary has outlined in this letter of agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. A commercial interest is defined as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. Providers of clinical service directly to patients are not considered to be commercial interests.

<table>
<thead>
<tr>
<th>Title of CME Activity:</th>
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<tr>
<td>Activity Location:</td>
<td>Click here to enter text.</td>
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<tr>
<td>Activity Date:</td>
<td>Click here to enter text.</td>
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<tr>
<td>Name of Commercial Interest:</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Amount of Educational Grant: (direct or in-kind)</td>
<td>Click here to enter text.</td>
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**Terms, Conditions, and Purposes**

**Independence:**
1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of *The Commercial Interest*.
2. Mobile Infirmary is responsible for all decisions regarding the identification of educational 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 education methods, and the evaluation of the activity.

**Appropriate Use of Commercial Support**
3. Mobile Infirmary will make all decisions regarding the disposition and disbursement of the funds from *The Commercial Interest*.
4. *The Commercial Interest* will not require Mobile Infirmary to accept advice or services concerning teachers, authors or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of Mobile Infirmary. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint provider or any others involved with the supported activity.
6. Mobile Infirmary will upon request, furnish *The Commercial Interest* documentation detailing the receipt and expenditure of the commercial support.

**Commercial Promotion**
7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
8. *The Commercial Interest* may not be the agent providing the CME activity to the learners.
Disclosure

9. Mobile Infirmary will ensure that the source of support from The Commercial Interest either direct or “in-kind,” is disclosed to the participants, in activity brochures, syllabi, and other activity materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgement of commercial support may state the name, mission and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

The Commercial Interest and Mobile Infirmary agree to abide by all requirements of the Accreditation council for Continuing Medical Education (ACCME) and the Mobile Infirmary Standards for Commercial Support of Continuing Medical Education.

Name of Accredited Provider: Mobile Infirmary

| Tax ID Number: 63-0288856 |
| Contact Person: Shauna Labo |
| Phone Number: 251-435-2578 |
| Email Address: shauna.labo@infirmaryhealth.org |
| Fax Number: 251-435-3072 |

Educational Partner (if applicable): Click here to enter text.

| Contact Person: |
| Phone Number: |
| Tax ID Number |
| Email Address: |
| Fax Number: |

Name of Commercial Interest: The Commercial Interest

| Address: |
| City, State, Zip: |
| Contact Person: |
| Phone Number: |
| Email Address: |
| Fax Number: |

Agreed by Authorized Representatives

| Commercial Interest |
| Print Name |
| Title |
| Signature and Date |

| Accredited Provider |
| Print Name |
| Title |
| Signature and Date |

| Educational Partner (if applicable) |
| Print Name |
| Title |
| Signature and Date |