



# Application for MSSNY Accreditation or Reaccreditation

## Organizational Information

1.	<b>Name of applicant organization as it should appear on accreditation certificate:</b>
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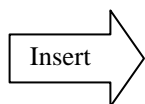
2.	<b>Chief executive officer of applicant organization:</b>
	Name:
	Title:
	Address:
	Telephone number: ( ) -
	Fax number: ( ) -
	e-mail address:

3.	<b>Individual responsible for CME unit :</b>
	Name:
	Signature:
	Date:
	Title:
	Address:
	Telephone number: ( ) -
	Fax number: ( ) -
	e-mail address:

4.	<b>Individual responsible for survey application materials:</b>
	Check here <input type="checkbox"/> if the contact person is the same as individual responsible for CME unit.
	Name:
	Title:
	Address:
	Telephone number: ( ) -
	Fax number: ( ) -
	e-mail address:

5.	<b>Type of organization</b>	
	Please indicate what classification most accurately describes your organization by placing a check “√” next to the most appropriate item.	
	Communications Company	School of Medicine
	Consortium/ Alliance	Not For Profit Foundation (501c3)
	Education Company (Physician owned and operated)	Physician Member Organization (Specialty Based)
	Education Company, Other	Physician Member Organization (Non Specialty)
	Government of Military	Publishing Company
	Health Care Delivery System	State Medical Society
	Hospital	Voluntary Health Association
	Insurance Company/Managed Care	Other _____ (Specify Type)

6.	<b>The CME program of the applicant organization (One check per line)</b>	
	<b>does</b> receive commercial support	<b>does not</b> receive commercial support
	<b>does</b> participate in Joint Sponsorship	<b>does not</b> participate in Joint Sponsorship
	<b>does</b> produce Enduring Material	<b>does not</b> produce Enduring Material
	<b>does</b> produce Journal-based CME	<b>does not</b> produce Journal-based CME
	<b>does</b> produce Internet CME	<b>does not</b> produce Internet CME



Please insert in the “Organization Information Section” a list of CME Committee Members. Include Name and Titles

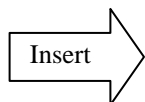
# Summary of Continuing Medical Education Activities

The summarized data in this table should reflect the listing of the activities requested in the shaded box below. This summary and the attached listing should include the activities from the following time period depending upon your status.

## Definitions

Course:	Planned on a one by one basis and designated for credit as a single activity. (Example: annual meeting)
Regularly scheduled:	A series typically offered in one-hour regularly recurring sessions and designated for credit as one activity. (Count all sessions' together- <u>as one activity</u> , indicating the total hours for the entire series and the total number of physician registrants for all the sessions taken together). Example: Grand Rounds is one activity which meets for one hour per week (52 hours per year). Count every attendee for each session for the total number of participants. If 20 physicians attended every session there would be a total of 1040 physician participants for that one activity.
Internet:	Activities offered live or in an enduring materials format, via the internet
Other:	Activities other than internet that are considered enduring materials. (Examples include audio, video, monographs)
Journal:	An activity that requires reading a journal article, a learner directed phase, evaluation and documentation of completion of the activity to the provider.

Type of activity	Number of							
	Activities		Hours of instruction		Physician participants		Non-physician participants	
	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored
<b>Live</b>								
Courses								
Regularly scheduled								
Internet								
<b>Enduring Materials</b>								
Internet								
Journal CME								
Other A/V materials								
<b>Subtotals</b>								
<b>Totals</b>								



Please insert in the "Summary of CME Activities" section after this page, a list of all the CME activities (Date, Title and Location, hours of instruction, and participants – physician and non-physician) **for the past 12 month period**, including those in which you acted as the non-accredited CME provider in joint sponsorship with an accredited CME provider

# CME Program Information

7.

## CME Program Overview and Summary

*Please insert in the “CME Program Information Section” 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 as an accredited provider of CME activities. Your summary must not exceed three (3) pages.*



Insert

- a. Briefly describe the history of your CME program.
- b. How does your CME mission statement complement the mission statement of your entire organization?
- c. Have there been any major changes in your CME program during the past accreditation period? For example, have there been changes in leadership, staff, funding, size, or direction?
- d. What are the strengths of your CME program?
- e. What are the challenges facing your CME program?
- f. 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. (Attach a copy of the most recent annual report).

## ESSENTIAL AREA 1: PURPOSE AND MISSION

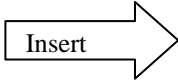
**ELEMENT 1.1:** The provider must have a written statement of its CME mission, which includes the CME purposes/goals, content areas, target audience, type of activities provided and expected outcomes of the program.

Regarding Element 1.1: Please insert responses to the following questions in the “Purpose and Mission Section” after this page. To be exemplary, the MSSNY requires that the CME provider **“has a mission statement that includes all of the basic components with a strong emphasis on assessment of results.”** Please indicate in your responses how your program might meet this criterion.

8.	Identify the name of the body/committee or position within the applicant organization that has the responsibility for approving the mission statement of the CME program.	
9.	When was this mission statement last reviewed?    Month                      Day                      Year	
10.	Describe any changes made in your mission statement during the last accreditation period and describe why the changes were made.	

*Please insert in the “Purpose and Mission” section after this page, a copy of your CME mission statement **approved by your governing body and signed by your organization’s CEO.***  
 Your CME Mission statement should include the following elements:

- describe the **purposes/goals** of the CME program
- describe the **content areas** of CME program activities
- describe the **target audience(s)** for the CME program
- describe the **formats for activities/services** provided by the CME program
- describe how the **purposes/goals** of the **overall** CME program are evaluated

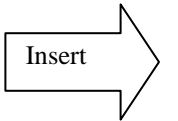


<b>SURVEYORS USE ONLY</b>									
<input type="checkbox"/>	<b>PURPOSE</b>	<input type="checkbox"/>	<b>TYPE OF ACTIVITY</b>	<input type="checkbox"/>	<b>CONTENT</b>	<input type="checkbox"/>	<b>EXPECTED RESULTS</b>	<input type="checkbox"/>	<b>AUDIENCE COMMENTS</b>
<input type="checkbox"/>	<b>MISSION REVIEWED PERIODICALLY</b>			<input type="checkbox"/>	<b>SIGNED BY BOARD OF TRUSTEES</b>				

**ELEMENT 1.** The provider must demonstrate how the CME mission is congruent with and supported by the mission of the institution or parent organization, if a parent organization exists.

Regarding Element 1.2: If you respond “yes” to question 11, please insert responses to questions 12 and 13 in the “Purpose and Mission Section” after this page. If you respond “no”, please move on to next section.

11.	Does the CME provider have a parent organization?    Yes                      No	
12.	Describe the relationship of the CME Program to the parent organization. Explain how the CME mission is congruent with and supported by the parent organization.	
13.	Describe any changes made in the relationship during the last year. Explain why they were made.	



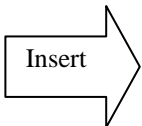
*If applicable, please insert in the “Purpose and Mission Section” after this page, a copy of the parent organization’s mission statement and/or minutes from a meeting of the parent organization’s governing body at which your CME mission statement was reviewed and approved. Include organizational chart to depict relationship with parent*

## ESSENTIAL AREA 2: EDUCATIONAL PLANNING AND EVALUATION

**ELEMENT 2.1. The provider must use a planning process or system that links identified educational needs with stated purposes and objectives in its provision of all CME activities.**

*Regarding Element 2.1: Please insert answers to the following questions in the “Educational Planning and Evaluation Section” after this page. To be exemplary, the MSSNY requires that **“Innovative and creative planning processes or systems are used consistently, with documentation that identified educational needs contribute to appropriate methodology and stated purposes and objectives for offered activities.”** Please indicate in your responses how your program might meet this criterion.*

14.	Describe the planning process or system that is used in your CME program. Include information describing the staff, CME activity chairs and CME committee members who are involved and how they function as part of the planning process.
15.	Describe any improvements or recommendations for change in your planning process or system that were implemented during your last accreditation period.



*Please insert in the “Educational Planning and Evaluation” section after this page, an example of the planning process or system used to develop each type of CME activity you offer (e.g., grand rounds, symposia, live broadcasts and conferences, internet, and enduring materials) .Show how and where this planning process links identified needs with the purposes and objectives of the activity*

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

*Regarding Element 2.2: Please insert answers to the following questions in the “Educational Planning and Evaluation Section” after this page. To be exemplary, the MSSNY requires that **“Needs assessment data from multiple sources are used consistently to plan and evaluate activities”**. Please indicate in your responses how your program might meet this criterion.*

16.	Describe how needs assessment data are acquired for activities.
17.	Explain, using specific examples, how the needs assessment data are used consistently to plan each type of CME activity.
18.	Describe an improvement or recommendation for change in the use of needs assessment data that has been implemented during your last accreditation period.

**SURVEYORS USE ONLY**

- PLANNING STEPS USED**       **PLANNING SHEET USED TO DEVELOP ACTIVITIES**  
 **NEEDS ASSESSMENT CONDUCTED**       **IMPROVEMENTS MADE OR CONSIDERED**

**COMMENTS**

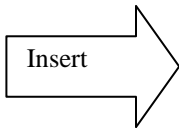
## Needs Assessment Data

Needs assessment data can come from a variety of sources, sometimes from within the CME office and other times from sources external to the office. In the table below, indicate if you use needs assessment data from the sources identified in the table, in each cell that applies. Be sure to respond for each type of CME activity that you offer. Approaches to the needs assessment process will vary with each organization. You are not expected to employ all sources or use each technique included as an example.

1. **Physician Participant Perceptions:** Examples: participant evaluation summaries; target audience planning questionnaires; use of focus groups; the nominal group process; physician self assessment tests.
2. **Expert Opinion:** Examples: faculty perceptions and evaluation summaries; department/division perceptions and evaluation summaries; core curriculum; research/literature review; implementation of practice parameters; consensus reports; focus groups; the nominal group process, new regulatory or legislative requirements
3. **Observed Practice:** Examples: Quality/Patient Care Data including clinical indicators; chart audit; mortality data; morbidity data; risk management data; quality improvement data; national/regional data; epidemiological data; public health data. In addition, consider research on how to implement new devices, technology or clinical therapies.

<b>SCORING CODE</b>	<b>Y = Yes</b>	<b>N = No</b>	<b>NA = Not Applicable</b>
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<b>Type of activity</b>	<b>Participant Perceptions<sup>1</sup></b>		<b>Expert Opinions<sup>2</sup></b>		<b>Observed Practice<sup>3</sup></b>	
	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored
<b>Live</b>						
Courses						
Regularly scheduled conferences						
Internet						
<b>Enduring Materials</b>						
Internet						
Others						
Journal CME						



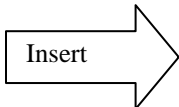
Please insert in the “Educational Planning and Evaluation” section after this page, an example of each type of needs assessment data set reviewed by your CME activity planning groups, organizational department/divisions and by your CME committee.

## ESSENTIAL AREA 2: EDUCATIONAL PLANNING AND EVALUATION

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

Regarding Element 2.3 *Please insert answers to the following questions in the “Educational Planning and Evaluation Section” after this page.* To be exemplary, the MSSNY requires that **“Purpose or objectives of the activity describe learning outcomes in terms of physician performance on patient health and are consistently communicated to the learner.”** *Please indicate in your responses how your program might meet this criterion.*

19.	Describe how you communicate the purpose or objectives for each CME activity to the prospective learner.	
20.	Describe any improvements or recommendations for change in the process of communicating purposes and/or objectives to the prospective learners that have been implemented during the last accreditation period.	



Please insert in the “Educational Planning and Evaluation Section” after this page, an example of each method you use to communicate the purposes and/or objectives to the learner for each type of activity you plan (e.g., grand rounds, symposia, live broadcasts and conferences, internet and enduring materials) via activity announcements and promotional brochures. Please highlight the purpose and/or objectives as listed on each sample you include.

**Surveyors Use Only**

Needs Assessment Conducted       Communicate purpose or objective

Improvements/Changes in communicating objectives

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

Regarding Element 2.4: *Please insert in the “ Educational Planning and Evaluation Section” after this page answers to the following questions.* To be exemplary, the MSSNY requires that **“Educational objectives are evaluated consistently for effectiveness in meeting identified educational needs, as measured by practice application and/or health status improvement.”** *Please indicate in your responses how your program might meet this criterion*

21.	Describe the evaluation processes that you use for your CME activities. How do you ensure that the methods are appropriate and consistent in scope (i.e., complexity) with the educational activity?	
22.	Explain how the evaluation results are used.	
23.	Describe how your evaluation processes measure effectiveness in meeting educational needs as measured by satisfaction, knowledge or skills.	
24.	Describe any improvements or recommendations for change that have been made in the evaluation	

processes used during your previous accreditation period?

Insert

Please insert in the "Evaluation " section after this page, a copy of one evaluation instrument and summarized data set.

## CME ACTIVITY EVALUATION

Evaluation data can come from a variety of sources, sometimes from within the CME office and other times from sources external to the office. In the table below, indicate if you evaluate data from the sources identified in the table, in each cell that applies. Be sure to respond for each type of CME activity that you offer. Approaches to the evaluation process will vary with each organization. You are not expected to employ all sources or use each technique included as an example.

<sup>1</sup> **Participant Perceptions:** Examples: participant evaluation data; department/division perceptions; participant "urgent issues" questionnaire; participant interviews; focus groups; the nominal group process; self assessment;

<sup>2</sup> **Expert Opinion:** Examples: faculty perceptions; department/division perceptions; core curriculum; research/literature review; results from implementation of practice parameters; consensus reports; focus groups; the nominal group process, impact of regulatory and legislative requirements on the medical community

<sup>3</sup> **Observed Practice :** Examples: Quality/Patient Care Data including clinical indicators; chart audit; mortality data; morbidity data; risk management data; quality improvement data; national/regional data; epidemiological data; public health data In addition consider library search profiles and review of telephone consultation services

SCORING CODE	Y = Yes		N = No		NA = Not Applicable	
Type of activity	Participant Perceptions <sup>1</sup>		Expert Opinions <sup>2</sup>		Observed Practice <sup>3</sup>	
	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored
<b>Live</b>						
Courses						
Regularly scheduled conferences						
Internet						
<b>Enduring Materials</b>						
Internet						
Others						
Journal CME						

Insert

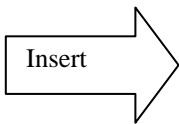
Please insert in the "Educational Planning and Evaluation Section" after this page, a copy of one evaluation instrument and summarized data set used for each type of activity (e.g., grand rounds, symposia, live broadcasts and conferences, internet and enduring materials).

# CME PROGRAM EVALUATION

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

Regarding Element 2.5: *Please insert in the “Educational Planning and Evaluation Section” after this page answers to the following questions. To be exemplary, the MSSNY requires that **“Innovative and creative mechanism(s) are in place to measure the effectiveness of the overall program with evidence of improvements being made on a regular basis.”** Please indicate in your responses how your program might meet this criterion.*

25.	Describe the process used (or the plan to be used) by the CME Program to evaluate its effectiveness in <u>meeting its CME mission</u> .	
26.	Describe any improvements or recommendations for change you have made in your overall CME program during your last accreditation period.	



*Please insert in the “Educational Planning and Evaluation Section” after this page, an Executive Summary or Annual Report that includes a review of your overall CME Program with information on an improvement that has been made as a result of the overall 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.**

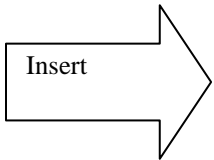
Surveyors Use Only

- Evaluate individual Activities
- Conduct periodic overall evaluation of program
- Discuss results? Changes made to mission and/or program

## ESSENTIAL AREA 3: ADMINISTRATION

**ELEMENT**      **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.**

<p>Regarding Element 3.1 <i>Please insert in the “CME Administration and Resources” section after this page, responses to the following questions</i> To be exemplary, the MSSNY requires that <b>“An organizational framework for the CME unit exists and all components of the Element (resources and support) are present including a process to review and continually improve the organizational framework.”</b> <i>Please indicate in your responses how your program might meet this criterion.</i></p>		
27.	Describe the organizational structure and staff relationships of the CME unit.	
28.	Describe the resources available to the CME unit. Explain the type of support that is provided for the CME Program, including support from the parent organization, if one exists.	
29.	Describe any improvements or recommendations for change in the organizational structure and support that have been implemented during the past accreditation period.	



*Please insert in the “CME Administration and Resources” section after this page:*

A) *An organizational chart or list that depicts the structure of your CME unit/committee (including names, titles and responsibilities) and*

B) *An organizational chart that depicts the relationship of the CME unit/committee to other operating units within your organization. Please illustrate how the CME unit and/or committee reports to your organization’s governing body.*

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Organizational chart that includes CME Department

Adequate resources and support by administration/parent organization

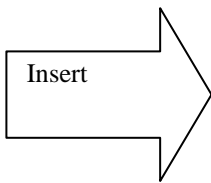
# CME PROGRAM ADMINISTRATIVE POLICIES

**ELEMENT 3.2**      The provider must operate the business and management policies and procedures of its CME program (related to financial, facility and human resources) so that its obligations and commitments are met.

*Regarding Element 3.2: Please insert in the “CME Administration and Resources Section” after this page, responses to the following questions. To be exemplary, the MSSNY requires that*

**“Business and management policies and procedures (related to financial, facility and human resources) are in place and are effectively used by CME administration to meet obligations and commitments in an innovative and creative manner.”** *Please indicate in your responses how your program might meet this criterion.*

31.	Describe how the business and management components of your CME program are organized. What criteria do you use to determine that your CME Program’s business and management practices meet the financial, facility and human resource commitments that the CME Program has set for itself?
32.	Describe any improvements or recommendations for change that have occurred relating to your business and management policies, procedures and practices during the past accreditation period.



*Please insert in the “CME Administration and Resources” section after this page, a copy of the **table of contents of your Human Resources Policy and Procedure Manual** and/or other related documents pertaining to financial, facility and human resources.*

*Please insert in the “CME Administration and Resources” section after this page, a copy of the written CME policies and procedures that are distributed by your CME unit.*

**NOTE: MSSNY does not require that you have an employee policy/procedure manual or a formal CME Accreditation Policy handbook. Each CME program should develop its own informational resources to fulfill the requirements under Essential Area 3.**

*Please submit the most recent **annual** income and expense report for your CME Program. Include all sources of income and support, including financial support from outside and commercial sources and all in-kind services if applicable.*

*Please provide a copy of an estimated budget and an income/ expense summary for **one CME activity**.*

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Adequate Budget

Policy and Procedure Manual

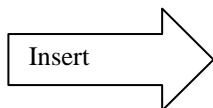
# FACULTY DISCLOSURE AND COMMERCIAL SUPPORT

**ELEMENT 3.3** The provider must present CME activities in compliance with Accreditation Council for CME/MSSNY policy requirements for implementation of faculty disclosure and documentation of commercial support as required in the *Standards for Commercial Support*.

*Regarding Element 3.3: Please insert in the “CME Administration and Resources” section” after this page, responses to the following questions. To be exemplary, the MSSNY requires that the*  
**“Provider is compliant with all aspects of the MSSNY’s policies on disclosure and commercial support and has implemented a range of innovative and creative practices.”** *Please indicate in your responses how your program might meet this criterion.*

33.	Describe the policies you have in place to ensure that the quality and scientific integrity of the content of all activities is assured.	
34.	Describe the policies you have in place concerning identifying products, reporting industry-based scientific research and discussing unlabeled uses of products, including how this information is made known to participants.	
35.	Describe how you collect and disclose to the learner any CME provider organization and/or faculty relationships with commercial supporters.	
36.	Describe how you document that provider and/or faculty disclosure has, in fact, occurred.	
37.	Describe any improvements or suggestions for change in your disclosure and commercial support policies made during the last accreditation period.	
39.	<b>Check here <input type="checkbox"/> if you DO NOT accept commercial support and proceed to next page. If you do accept commercial support, please respond to the following questions after this page.</b>	
40.	Describe how you monitor the budget for educational activities that receive commercial support. Include information on use of a “Letter of Agreement” form and acknowledgment of commercial support via promotional brochures.	
41.	Describe how you monitor commercial events during CME activities.	
42.	Describe how you monitor CME activities to ensure that commercial support is not given directly to faculty or participants at educational activities.	
43.	Describe how you monitor activities to ensure that commercially-supported social events do not compete with or take precedence over planned educational activities.	

*Please insert in the “CME Administration and Resources Section” after this page, the following:*



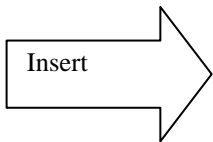
- *A copy of your faculty disclosure policy and your faculty disclosure form*
- *An example from one CME activity of how faculty disclosure information is collected and presented to participants*
- *An example from one CME activity that illustrates how commercial support is managed via implementation of a “Letter of Agreement” form.*

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- Faculty disclosure obtained and communicated to participants     Letters of agreement/commercial support policy
- Appropriate accreditation statement used

# MSSNY Policies

44.	If previously accredited, show how the CME Program utilizes the appropriate accreditation statements on its promotional brochures and final program publications.	
45.	If seeking initial accreditation and you have jointly sponsored a CME activity with an accredited provider, provide an example of the accreditation statement used for this activity.	
46.	Describe the mechanism that your CME Program uses to record and, when authorized, verify participation (attendance) for physicians and other healthcare providers.	
47.	<p>If the CME Program offers enduring materials, describe how the Program consistently communicates all of the following to participants prior to the beginning of the educational activities?</p> <ul style="list-style-type: none"> <li>▪ Principal faculty and their credentials</li> <li>▪ Medium or combination media used</li> <li>▪ Method of physician participation in the learning process</li> <li>▪ Estimated time to complete the educational activity (same as the number of credit hours designated)</li> <li>▪ Date of original release or date of the most recent update</li> <li>▪ Final eligibility date to receive Category 1 credits.</li> </ul>	
48.	Is commercial support acknowledged at the beginning of the enduring material?	
49.	Is product specific advertising of any type prohibited in enduring materials?	
50.	<p>If the CME Program offers Journal CME, describe the following:</p> <ul style="list-style-type: none"> <li>▪ 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?</li> </ul>	



Please insert in the “*CME Administration and Resources Section*” after this page, the following:

- Examples of all accreditation statements used.
- Two copies of *each type* of enduring material produced, if appropriate.
- Two copies of a journal CME activity, if appropriate.
- Minutes of the last three CME Committee

Surveyors Use Only

Accreditation Statement Appropriate       Enduring Materials Meet Requirement  
 Journal CME Activity Meet Requirements       Process in place to record and verify participation