

INSTRUCTIONS FOR COMPLETING AN INITIAL APPLICATION FOR LSMS CME ACCREDITATION

Purpose of the Application

The purpose of the application is to gather information about the mission, philosophy, practices, and education resources of your organization as a CME provider. Information is sought to determine whether or not your CME Program meets the requirements presented in the LSMS'S Essential Area Elements and Policies. It is hoped that you will find its design and content useful as a tool for self-assessment so that you may identify strengths and areas where improvement is possible.

Please read through the entire application before preparing the document. Complete, concise and straightforward responses will make the process of evaluating the information easier and lessen the likelihood of misunderstanding or misinterpretation. The inclusion of appropriate documentation where requested will make it easier for surveyors, and the LSMS to evaluate the application. Please answer all questions, avoiding redundancy and duplicate answers. Should a question not apply to your organization, please indicate.

Content of the Application

The content of this application will be held in confidence by the LSMS and its representatives. Data for statistical and/or research purposes may be collected from responses to certain questions. It will not be released or published in any form in which specific responses could be identified with your organization.

This application is organized into the following sections

- General information about the applicant organization
- A program overview and summary
- Presentation of your compliance with LSMS's Essential Area Elements and Policies.

Instructions about attachments of Required Documentation are integrated in the appropriate sections throughout the application. They are noted in the application by the paper clip graphic.



Items noted with an ink pen icon require a written explanation or answer.



Selected Glossary of Terms

These are selected terms and definitions used consistently throughout this application:

- *CME Activity* - A single educational offering, e.g., course, annual meeting, regularly scheduled conference, Internet, or journal CME activity that is planned and implemented in compliance with the Essential Area Elements and Policies.
- *CME Committee* - The committee whose responsibilities may include the planning, implementing, and evaluating of your CME activities and program.
- *CME Program* - All of the educational activities designated for credit that are presented by your CME unit.
- *CME Unit (Department/Section)* - The administrative unit of your organization that is responsible for planning and

implementing continuing medical education activities for physicians.

- *SCS* – Standards for Commercial Support
- *SCMEA* – Summary of CME Activities
- *Session(s)* – A presentation or multiple presentations that make up an activity. An annual meeting may be made up of multiple sessions.

For explanations and other definitions, please refer to the LSMS Glossary, which has been included in the Reference Manual.

Instructions for Completing the Application

The application must be typed with at least 1” margins (top, bottom and sides), using 10 point type **or larger**. If it is necessary to retype a page of the application or to add a page, please retain the format. If the application is reproduced on a computer, insert your answers clearly separated from the type style (font) of the questions and directions.

The attached table describes a list of the materials that will be required in addition to your responses to the questions asked in the application. In order to make the insertion of these items logical and as simple as possible, we have provided you with a set of divider labels. Please insert dividers in the appropriate location with the appropriate label. Documents that are not standard size should be folded or reduced so they fit securely in the binder. Do not use individual plastic page covers except to hold odd-sized brochures.

When the application and supporting materials have been assembled, they should be placed in a three ring binder. Please be sure each page in the binder is consecutively numbered, including the items behind the DIVIDERS. Include a Table of Contents

using these page numbers. The name (or abbreviation) of your organization should appear with the page number on each page. Please tab the sections of your binder using the following titles:

**Organizational Information
Summary of CME Activities
Summary of CME Program
Essential Area 1—Purpose and Mission
Essential Area 2—Educational Planning
Essential Area 3-Evaluation & Improvement
Administrative Policies
Policies for Commercial Support
Other Policies
Attestation**

Please submit a total of 8 copies of the completed application. Be sure to retain separate copies for your use during the survey.

The applications should be submitted to:

***Director of CME
Louisiana State Medical Society
6767 Perkins Road
Suite 100
Baton Rouge, LA 70808***

Application Expenses

The non refundable application fee is \$2,500 for initial and re-applicants. A check made out to the LSMS should be sent with the application materials. In addition, you are responsible for the expenses of the site survey team that will be paid by the LSMS and billed to your organization for reimbursement after the survey. You will also be required to pay a \$1000 annual maintenance fee if accredited. An accreditation decision will not be rendered until all outstanding fees/expenses are paid.

Required Documentation Checklist

Summary of CME Activities	
<ol style="list-style-type: none"> For initial applicants, provide a list of all activities directly (or jointly sponsored as the non-accredited provider) during the last 24 months. Applicants applying for Re-Accreditation must provide a list of <u>all</u> activities directly or jointly sponsored that have been conducted during their current accreditation period. 	SCMEA
Essential Area 1—Purpose and Mission	
<ol style="list-style-type: none"> Provide a copy of the Mission Statement and highlight the basic components: purpose, content areas, target audience, type of activities provided and expected results of the program. Provide a copy of the parent organization’s mission statement, if appropriate; or minutes of meeting of the governing body that reviewed and approved the CME mission statement. 	E 1.1
Essential Area 2—Educational Planning	
<ol style="list-style-type: none"> Provide an example of the planning process used to develop a CME activity. Provide a copy of any planning worksheets used in planning for your CME activity. Provide an example of each source of needs assessment with identified needs used for planning your CME activities. Include emails, memos, etc. if appropriate. Provide a list of the activities that have been presented in the <u>last 6 months</u> and the source of the identified need for each. Provide a list of the activities that are planned for the <u>next 6 months</u> and the source of the identified need for each. Provide an example of each method you use to communicate the purpose and/or objectives to the learner for each type of activity. Provide copies of all correspondence sent to a speaker prior to an activity. Provide one sample that shows how you transmitted information about any relevant financial relationships to learners. Provide one sample that shows how you have disclosed the commercial support for the CME activity to learners in practice. Provide one completed Letter of Agreement that demonstrates appropriate management of commercial support. 	E2.1 E2.2 E2.3 E3.3
Essential Area 3—Evaluation and Improvement	
<ol style="list-style-type: none"> Provide a copy of an evaluation instrument for each type of activity (i.e. single activity, recurring conference, enduring material, etc.) Provide a summary of your most recent CME Program Evaluation and evidence of improvements made as a result of the program evaluation. 	E2.4 E2.5

<p style="text-align: center;">Administrative Policies</p> <ol style="list-style-type: none"> 1. Provide a copy of an organizational chart that depicts the internal structure of your CME unit (including names, titles and responsibilities), the relationship of the CME unit to other operating units within the application and organization, if applicable, and its relationship to the governing body. 2. Provide a list of your CME Committee members, including their specialty and term dates. 3. Provide the most recent annual income and expense report for your CME program. Include the sources of revenues. 4. Provide a copy of a budget, income and expense report for one CME activity 5. Provide a copy of the policies on honoraria and expense reimbursement for your CME program. 6. Provide a copy of the table of contents of your organization’s Policy and Procedure Manual and/or related documents for human resources, financial and legal affairs. 7. Provide a copy of the table of contents of your CME Policy and Procedure Manual. 8. Provide a written attestation to y our organization’s compliance with business management/policies. 	<p>E3.1 E3.2</p>
<p style="text-align: center;">LSMS Policies for Commercial Support</p> <ol style="list-style-type: none"> 1. Provide a copy of your disclosure policy and an example of a completed disclosure form. 2. Provide an example of correspondence with faculty communicating your disclosure policies. 3. Provide an example of how disclosure is documented. 4. If your CME Program accepts commercial support please provide an example from one activity that illustrates how commercial support is managed. (Include your correspondence, agreements, methods of disclosure, commercial support acknowledgment, minutes of the planning meeting and an income and expense summary for the activity). 	<p>E3.3 E3.3a E3.3b E3.3c E3.3d</p>
<p style="text-align: center;">LSMS Policies</p> <ol style="list-style-type: none"> 1. Provide two copies of examples of all accreditation and designation statements used (copies of brochures, flyers, etc., including directly sponsored and jointly sponsored statements). 2. Provide two copies of each type of enduring material produced, if appropriate. 3. Provide two copies of a journal CME activity, if appropriate. 4. Provide your CME Program’s joint-sponsorship policies, planning forms, or any other documentation used. 5. Provide a copy of a yearly transcript provided to a physician (if available). 	<p>LSMSP</p>