

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 submit a total of ten 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

List of CME activities	SCMEA
1. For initial applicants, provide a list of all activities directly (or jointly sponsored as the non-accredited provider) during the last 24 months.	
Mission Statement	E 1.1
1. 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.	
2. 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 1.2
Planning Processes	E 2.1
1. Provide an example of the planning process used to develop a CME activity.	
Needs Assessment	E 2.2
1. Provide an example of each source of needs assessment with identified needs used for planning your CME activities.	
2. Provide a list of the activities that have been presented in the last 6 months and the source of the identified need.	
3. Provide a list of the activities that have been planned for the next 6 months and the source of the identified need.	
Objectives	E 2.3
1. Provide an example of each method used to communicate the purpose or objectives to the learner for each type of activity listed in the Summary of CME Activities with the purpose or objectives highlighted.	
Evaluation	E 2.4
1. Provide one example of the evaluation instrument and the summarized data set from each type of CME activity offered.	
2. Provide a summary of an overall program evaluation and evidence of a plan for an improvement made, or to be made, as a result.	
	E 2.5

<p style="text-align: center;">CME Administration and Resources</p> <p>1. Provide a copy of an organizational chart that depicts the internal CME unit including names, titles and responsibilities, the relationship of CME unit within the applicant’s organization, and its relationship to the governing body.</p>	<p style="text-align: center;">E 3.1</p>
<p style="text-align: center;">Business and Management Policies</p> <p>1. Provide a copy of the most recent annual (12 month period) Program Income and Expense Summary. Include sources of revenue as part of the submission.</p> <p>2. Provide a copy of a budget and income and expense summary for one activity.</p> <p>3. Provide a copy of the table of contents of your Policy and Procedure Manual related to human resources, financial affairs, and legal obligations that support the CME program’s ability to meet its obligations and commitments.</p>	<p style="text-align: center;">E 3.2</p>
<p style="text-align: center;">Disclosure and Commercial Support</p> <p>1. Provide a copy of your disclosure policy.</p> <p>2. Provide an example that demonstrates how you document that disclosure has occurred.</p> <p>3. Provide an example for any one activity that illustrates how you manage commercial support. 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>	<p style="text-align: center;">E 3.3</p>
<p style="text-align: center;">LSMS Policies</p> <p>1. Provide two copies of promotional material using the following statements:</p> <p>2. Accreditation Statement</p> <p>3. Joint Sponsorship Statement, if appropriate</p> <p>4. Statement required when working with another accredited provider, if appropriate</p> <p>5. If your CME Program offers enduring materials, submit two copies of each type offered.</p> <p>6. If your CME Program offers journal CME, submit two copies of an example.</p>	<p style="text-align: center;">E 3.4</p>