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AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

## AOA Joint Providership Program Educational Plan Guidebook

(For educational activities to offer AMA PRA Category 1  
Credit™)

## Table of Contents

I.	Introduction.....	3
II.	Eligibility for Joint Providership.....	3
III.	Types of Activities Eligible for AOA Joint Providership.....	3
IV.	Joint Providership Timeline.....	4
V.	Joint Providership Fees.....	5
VI.	Joint Providership Educational Plan.....	6
VII.	Responsibilities of AOA in Joint Providership.....	13
VIII.	Responsibilities of the Approved Joint Provider Organization.....	14
IX.	Disclosures and Conflicts of Interest.....	15
X.	Commercial Support.....	18
XI.	Marketing/Promotional Materials & Final Programs.....	19
XII.	Statement/Disclosure Language Requirements:.....	20
XIII.	Granting Credits and Certificates.....	22
XIV.	Glossary of Terms.....	24
XV.	Templates & Other Resources.....	26

## I. Introduction

The American Osteopathic Association (AOA) continually strives to sponsor osteopathic educational programs that explore the latest clinical advances and developments in medicine, refine physician skills, deepen physicians' understanding of the medical profession and current evidence-based management and treatment, meet ongoing certification requirements, and improve patient care. Traditionally, AOA has served as its own accrediting body for osteopathic continuing medical education (CME).

In an effort to expand the demand for osteopathic CME activities offered to AOA members and non-members, the AOA sought and was awarded accreditation from the Accreditation Council for Continuing Medical Education (ACCME). AOA now offers *AMA PRA Category 1 Credit™* for the CME activities it provides on its own or through joint providership with its constituencies. ACCME defines joint providership as the offering of a CME activity by one or more accredited and one or more non-accredited organizations. All joint providership CME activities must be consistent with AOA's CME mission and in compliance with the ACCME Essential Areas and Standards.

## II. Eligibility for Joint Providership

In order to be considered for joint providership with the AOA, the interested organization must meet all three of the following requirements:

- Must be a non-ACCME accredited provider
- Must have a mission statement and purpose or function that aligns with AOA's purpose and CME mission
- Must submit the AOA Joint Providership Educational Plan application no less than four (4) months before the first day of the CME activity (exceptions to Educational Plan application submission are permitted as stated below in the Timeline)

ACCME does not permit Commercial Interests to be joint providers. 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. Providers of clinical service directly to patients are not considered to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

## III. Types of Activities Eligible for AOA Joint Providership

- Live Activity (e.g., Course, Symposium, Workshop, Conference, Live Webcast)
- Enduring Activity (e.g., Print, Audio, Video and Internet Materials, such as Monographs, Podcasts, Archived Webinars, etc.)
- Journal-based CME

#### IV. Joint Providership Timeline (for additional details go to section VIII)

Task	Timeframe for Submission
<b>At time of Application</b>	
Education Plan and Fee	<p>At the time of initial planning of activity which should be at least six (6) months <b>(no less than 4 months)</b> before the first day of the scheduled activity.</p> <ul style="list-style-type: none"> <li>• <i>Exceptions to the 4-month submission date are allowed with the remittance of a Rush Processing Fee</i></li> <li>• <i>Submission of a Rush application will be reviewed at the AOA's discretion.</i></li> <li>• <i>Submission of a Rush application does not guarantee that your application will be approved.</i></li> <li>• <b>Decision on educational plan will be made within ten (10) business days of the receipt.</b></li> </ul>
Conflict of Interest (COI) Report	<p>At time of application submission.</p> <ul style="list-style-type: none"> <li>• <b>Must be reviewed and approved by the AOA before application approval.</b></li> </ul>
COI Disclosure Statement Forms	<p>At time of application submission.</p> <ul style="list-style-type: none"> <li>• <b>Must be reviewed and approved by the AOA before application approval.</b></li> </ul>
Practice Gap Analysis	<p>At time of application submission.</p> <ul style="list-style-type: none"> <li>• <b>Must be reviewed and approved by the AOA before application approval</b></li> </ul>
CME Credit Grid	At time of application submission.
<b>Interim Reports</b>	
Promotional and Marketing Materials	<p>No less than forty-five (45) days before the first day of the scheduled activity</p> <ul style="list-style-type: none"> <li>• <b>All promotional/marketing material (print and online) must be reviewed and approved by the AOA before publication/distribution.</b></li> <li>• <b>Decision on Promotional/Marketing materials will be made within ten (10) business days of the receipt.</b></li> </ul>
Agenda/Program/ Syllabus/Online Apps/Front Matter that will be available to attendees the day of the activity or prior to the launch of activity (can be print or online)	No less than forty-five (45) days before the first day of the scheduled activity
Budget, Commercial Support Information, LOAs	No less than forty-five (45) days before the first day of the scheduled activity.
Floor Plan (if applicable)	No less than forty-five (45) days before the first day of the scheduled activity.
Evaluation Questions and Outcome Measurement Tool	No less than forty-five (45) days before the first day of the scheduled activity.
Disclosure to Learners (Individual faculty COI and Commercial Support, if applicable)	No less than forty-five (45) days before the first day of the scheduled activity.
<b>After Activity</b>	
Final Attendance Roster of all	Within ninety (90) days following conclusion of the activity.

<b>learners (Separated by Physician and Non-Physician)</b>	
<b>Reconciled Budget and Accounting Information</b>	Within ninety (90) days following conclusion of the activity.
<b>Final Evaluation Results &amp; Outcome Measurement Analysis and Summary</b>	Within ninety (90) days following conclusion of the activity.

## V. Joint Providership Fees

<b>Application and Activity Fees</b>	
<b>Application Fee</b>	\$550
<b>Live Activity (Conference, Live Interactive Webcast, Workshop, etc.)</b>	
Activity Fee for up to 20 credits	\$750
Per Credit, above 20 Credits	\$35
<b>Enduring Material (Print, Audio, Video and Internet Materials, such as monographs, podcasts, archived webinars, etc.)</b>	
Activity Fee for up to 5 credits	\$600
Per Credit, Above 5 credits	\$120
<b>Journal Articles</b>	
Activity Fee Per Article	\$250

### Discounted Bundled Package Rates

The AOA can provide a discounted activity fee for bundled activities. Examples include but are not limited to:

- 1) A recurring workshop that has the same faculty, commercial support, content, etc.
- 2) Accrediting multiple journal articles within an entire medical journal issue.

Applicants should contact the CME department via [jointprovidership@osteopathic.org](mailto:jointprovidership@osteopathic.org) to receive a quote based upon the type, size and complexity of the CME activity bundle.

<b>Late Fees (for interim or final reports)</b>	
6-10 days after deadline	\$100
11-15 days after deadline	\$200
16-20 days after deadline	\$300
20+ days after deadline	\$400

<b>Other Fees</b>	
<b>Rush Application Processing</b>	
Application will be reviewed is at the AOA's discretion. Submitting a Rush application does not guarantee that your application will be approved. All application materials must be in order and compliant for application to be approved.	\$1,000
<b>Commercial Support Fees</b>	
Applied only if the activity is receiving commercial support (“unrestricted educational grants”). Excludes commercial promotion (“marketing”/” exhibits”).	20% of activity fee

Fee is NOT calculated based on total commercial support monetary amount the activity is receiving but based on total activity fee.	
Tabulation of Evaluation and Outcomes Report	\$500

AOA State Affiliates and Specialty Colleges are eligible to receive a 20% discounted rate on Application and Activity Fees.

## VI. Joint Providership Educational Plan

To apply for Joint Providership, an interested organization must use the online [Joint Providership Educational Plan](#). Below are detailed descriptions of key sections of the Educational Plan.

### Activity Information

1. Activity name: The name of the CME activity for which you would like AOA joint providership.
2. Location of activity: The venue name with the state and city for live programs, and the URL or link for online programs (including webinars). If unable to provide the URL or link at the time of the Educational Plan, type in “online TBD.” URL and link must be provided at the time the promotional/marketing materials are provided for review.
3. Activity date: The date representing the first day of the scheduled activity.
4. Activity end date/conclusion: The final date that a learner can claim credit. For live activities, this is typically the last day of the conference/workshop/symposium/etc. For enduring activities, this is typically one year after the launch date of the enduring material.
5. Total number of CME credits: The total number of CME credits requested for the activity.
  - a. Live activity credit: Determined by measuring formal interaction time between faculty and the audience; 60 minutes equals one (1) *AMA PRA Category 1 Credit™*; credit is designated in 15-minute (0.25 credit) increments and rounded to the nearest quarter hour. When concurrent sessions are offered in a live activity, the time is only counted once – i.e. the designated maximum amount of credit may not exceed that which could be claimed by an individual physician. Breaks, lunches, and non-educational sessions (e.g. town halls) cannot be counted. Please refer and use the Credit Grid template in section XV.
  - b. Enduring activity credit: Designated based on the average time it would take a small sample group of the target audience to complete the material. Credit is designated in 15-minute (0.25 credits) increments and rounded to the nearest quarter hour.
  - c. Journal-based activity credit: Individual articles are designated for one (1) *AMA PRA Category 1 Credit™*.
6. Expected date to begin registration: Provide the date the Applicant expects to begin accepting participants to register for the Activity. If there is no registration for the activity, enter the date of the activity.

### Applicant Information

1. Applicant Organization: If multiple organizations are working together on an activity, one organization must be designated as the “Primary” Applicant Organization/joint provider and be responsible for submitting the Educational Plan and complying with the AOA Joint Providership Program requirements.
2. Partnering Organizations: If multiple organizations are working together on an activity, list all organizations.

3. Primary Applicant's Executive Director/Chief Executive Officer (ED/CEO): The name of the Applicant's ED/CEO is requested to ensure the Applicant Organization's operational leadership is aware of the request
4. Program/Activity Director/Chair: The Director/Chair is typically a member/staff of the Applicant Organization that leads the development of the CME content for the activity.
5. List of all Planning Committee Members: In addition to the Program/Activity Director/Chair, list all individuals in a position to control the content of the activity, include their responsibility for the planning process, development of the activity, and their financial disclosure information
6. Information on the Applicant Organization's Staff Contact: Staff contact's name, phone number and email address is needed for AOA to have a key contact with whom to follow up on any future inquiries pertaining to the Educational Plan and/or activity.

### Participant Information

1. Target audience: Indicate the audience expected to attend the activity.
2. Physician specialty: Indicate the specialty of the physicians for whom the activity is specifically tailored.
3. Geographic area of audience: Indicate whether the activity is intended for a national, regional, state-specific, or local audience.
4. Anticipated number of attendees: How many Learners are expected to attend the activity?

### CME Activity Purpose

1. Practice Gap Analysis: State the practice gap(s) the activity will address. Practice gaps help define the learning objectives and the content of the activity and determine the appropriate type of outcomes expected for this activity (outcome measurements). Each gap should be based on the difference between best practice and current/actual practice. In addition, each gap should highlight **(a)** the Learners' lack of knowledge or competence; **(b)** the Learner's issues with practice implementation or performance; and/or **(c)** desired patient outcomes that can be measured after the Learner applies knowledge and/or skills learned during the activity.

When completing this section, indicate the problem the activity will address and/or current practice that needs improvement. (List each gap separately). For each gap, indicate the following:

- a. Source(s) that helped to identify the gap;
- b. Key topic(s) for the presentation;
- c. What the Learner is expected to achieve or be able to do after attending the activity; and
- d. Ultimate change(s) expected. *Change must be measurable in the evaluation and/or outcome analysis.*
  - i. Competence: Defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).
  - ii. Performance: Defined as what one actually does (i.e. Educational Plan of new strategies/skills) in practice.
  - iii. Patient Outcomes: Defined as data reported improvements as a result of the performance.

Further definition is provided on the [ACCME website here](#).

2. How practice gap(s) identified (sources): ACCME requires data sources to show how a practice gap was determined. The following are possible sources for consideration (this list is not exhaustive):
  - Public Health Issue
  - Previous evaluation results
  - Survey of the target audience

- Medical literature review
- Journal articles
- Outcomes data
- Expert opinion (as documented in meeting minutes, emails, etc.)
- Program committee/board consensus (as documented in meeting minutes)
- National and/or specialty guidelines
- Local, regional, state or federal/national laws, regulations and/or statistics
- County, State, and Federal Sources

Useful Sites

- [Agency for Healthcare Research and Quality \(AHRQ\)](#)
- [Centers for Medicare & Medicaid Services \(CMS\)](#)
- [Food and Drug Administration \(FDA\)](#)
- [Healthy People](#)
- [National Academy of Medicine \(NAM\)](#)
- [Medicare Quality Improvement Community \(MedQIC\)](#)
- [National Institutes of Health \(NIH\)](#)
- [National Quality Forum \(NQF\)](#)

3. Learning objectives: If activity is a conference with multiple sessions, please **submit 3-4 overall learning objectives** of the activity based on what the Learners are expected to achieve or be able to do after attending the activity. If activity is a single session, please **submit the session specific learning objectives**. The learning objectives should address each identified practice gap. Each objective should include a verb that reflects something a physician will do in practice.

**Please note:** For conferences with multiple sessions, it is expected that your final program/syllabus/agenda will have session-specific learning objectives.

4. Desirable physician competencies: Special skill sets and/or proficiencies within a given field of medicine or medicine in general. For example, the AOA, IOM, ABMS, or ACGME competencies. Select all the competencies that the activity is expected to address.

**Example Practice Gap Analysis:**

PROFESSIONAL PRACTICE GAP	EDUCATIONAL NEED/TOPICS FOR THE PRESENTATION	LEARNING OBJECTIVES (3-4 for overall conference/ individual session)	DESIRED RESULTS/ CHANGE(S) EXPECTED
<p><i>What problem is the activity planned to address/how are the intended participants currently involved?</i></p> <p><i>Cite the source used to identify the problem.</i></p>	<p><i>Why does the problem exist and what will be presented to address what the learner needs to do?</i></p> <p><i>What educational need(s) are the cause of the professional gap(s)? (indicate and explain all that apply)</i></p> <p><i>1. knowledge</i></p> <p><i>2. Competence</i></p> <p><i>3. Performance</i></p>	<p><i>What is the learner expected to achieve or be able to do to address the identified professional practice gap(s) after the activity?</i></p>	<p><i>The activity is designed to change: (indicate all that apply)</i></p> <p><i>1. Competence</i></p> <p><i>2. Performance</i></p> <p><i>3. Patient Outcomes</i></p> <p><i>How will the activity change the Learners' competence, performance, OR</i></p>



				<i>patient outcomes?</i>  <i>How will it be measured?</i>
<b>Example 1</b>	The CDC cites ADHD as the most commonly diagnosed behavioral disorder in children under 18 resulting in continued symptoms. Physicians continue to mistake ADHD for other disorders like anxiety, bipolar, OCD, sensory processing, and autism. (Provide citation for CDC).	Many physicians lack knowledge, competence, or an understanding of family dynamics and certain behaviors that affect the ability to make an accurate diagnosis and make recommendations to avoid over/under medication as well as provide supplemental treatment options.  <i>(knowledge, competence)</i>	After this presentation, clinicians will be able to:  1) Describe the presentation of ADHD in children in order to initiate appropriate screening and diagnosis. 2) Incorporate pharmacologic and non-pharmacologic strategies into the treatment based on individual patient factors. 3) Collaborate with patients and parents to develop strategies for the long-term management, including strategies to address treatment adherence and monitor outcomes.	Physicians will be able to better diagnose and appropriately treat ADHD.  Measured by electronic responses to case studies during presentation and clinician use of screening tools 3 months after CME activity.  <i>(Competence)</i>
<b>Example 2</b>	According to (name of institution)'s records, many of its physicians do not utilize national and institutional protocols in the administration and monitoring of Warfarin resulting in increases hemorrhages, GI disturbances, alopecia, rash, and fatigue. The drug is effective but linked to numerous disease and drug interactions according to the AHA.	Physicians receive minimum exposure/training on anticoagulant medication in medical training and the lack of communication and patient information results in misdiagnosis and/or inappropriate drug/dosage being prescribed. Topics include: National Patient Safety Goal on Anticoagulation; Hospital and Clinic protocols for administering and monitoring Warfarin to standardize care and testing; and Assessment and appropriate recommended Warfarin treatments.  <i>(knowledge, competence, &amp; performance)</i>	After this CME activity, learners will be able to:  1) Identify appropriate treatment plans based on conducting established baseline measurements. 2) Implement anticoagulant flow chart/triage form/checklist to assist with assessment. 3) Understand and apply hospital policies/ procedures regarding prescribing Warfarin.	Physician's competence level will increase, and the result will be reduction in adverse Warfarin drug events and to ensure patient safety. Will be measured by conducting a pre-post survey and gather data from the quality improvement team on the number of pre/post number of Warfarin patient related issues (i.e. chart audits).  <i>(Competence, Performance &amp; Patient Outcomes)</i>
<b>Example 3</b>	According to the Journal of Diabetes Research, 415 million people have DM-Type 2 and over the next 25 years prevalence is expected to rise to about 642 million. Physicians' lack of appropriate screening and patient non-compliance exacerbates this	Physicians sometimes use a cookie-cutter approach to diagnose and treat, as opposed to an individualized approach.  Topics include: Obtaining and reviewing medical history; determining insulin resistance; addressing patient non-	1) Learner will learn strategies to treat DM-Type 2 when faced with insulin resistance, patient non-compliance, and obtaining a complete medical history. 2) Learner will understand the importance of working cross-functionally with other	Administer outcome survey to learners 30 days after program to determine what new practices they have adopted since attending the CME activity.

	public health issue as well as increases the incidence of the co-morbidity issues associated with DM-Type 2.	compliance; and behavioral modifications for patients.  <i>(competence &amp; performance)</i>	health professionals such as dietitians to assist with prevention and control of the disease. 3) Learner will be able to identify other social determinants affecting patients and be able to recommend resources.	<b><i>(Competence &amp; Performance)</i></b>
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### Educational Design (Type & Format)

1. Type of Activity:
  - a. Live: Includes Course, Symposium, Workshop, Conference, and Live Webcast.
  - b. Enduring material: An activity where educational materials last over a specified amount of time (e.g., print, audio, video and Internet materials, such as monographs, podcasts, archived webinars, and other web-based activities).
  - c. Journal-based CME: Non-live activity that involves the reading of an article or articles within a peer-reviewed professional journal and is accredited for CME.
2. Format of Activity: Indicate the educational format/method that will be used during the activity to achieve the stated objectives.
3. Justification for Type & Format: Type of activity and format used to deliver educational materials should be appropriate for the setting, objectives, and desired results of the activity and audience.

### Examples of Activity Type and Format:

TYPE	DESCRIPTION	JUSTIFICATION
<b>Live Activity (e.g., course, symposium, workshop, conference, live webcast)</b>	A live activity/course that is planned as an individual event and the learner participates in person. <b>For webcasts</b> , it is available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium; once the event has taken place, learners may no longer participate in the activity.	Appropriate when your goal is to educate small to large audiences in individual sessions or an overall conference, that is not offered on a regular scheduled basis.
<b>Enduring Activity (e.g., print, audio, video/internet/online materials such as eLearning, monographs, podcasts, archived webinars)</b>	Created content that can be used over time at various locations. It is available when the learner chooses to complete it.	Appropriate when your goal is to educate learners remotely using activities based on independent learning materials designed primarily for self-study.
<b>Journal-based CME</b>	A stipulated/ learner directed phase that may include reflection, discussion, the reading of an article (or adapted formats for special needs), or debates about the material contained in the article(s). Typically, includes pre-determined set of questions or tasks relating to the content of the material as part of the learning process.	Appropriate when your goal is to allow the learner(s) to educate themselves via research (and other appropriate sources) within a peer-reviewed, professional journal.

<b>Regularly Scheduled Series (e.g., grand rounds)</b>	A course planned as a series with multiple, on-going sessions offered weekly, monthly, or quarterly.	Appropriate when your goal is to provide Departmental-based, institutional-wide or other targeted audience educational activities which occur on a weekly, bi-weekly or monthly basis.
<b>FORMAT</b>	<b>DESCRIPTION</b>	<b>RATIONALE</b>
<b>Lecture/Presentation</b>	A live or virtual oral talk intended to educate or teach learners about a particular subject.	Provides a large amount of information (knowledge) in a limited amount of time. Allows faculty to talk about a chosen topic.
<b>Panel Discussion</b>	A live or virtual discussion about a specific topic amongst a selected group of panelists who share differing perspectives in front of a large audience.	Provides an opportunity for experts or a group of learners to present differing viewpoints on a topic, issue, or problem to other patients and the audience (learners).
<b>Self-directed Learning/eLearning/Computer-aided instruction/Journal</b>	A computer-based instructional program that involves the learner being educated online or offline.	Provides an opportunity to learn the subject(s) at one's own pace. An effective method of providing active learning with immediate feedback and reinforcement.
<b>Group Discussion</b>	A group of learners with similar interest communicate in person or virtually/remotely to discuss ideas and solve problems.	Provides an opportunity for learners to think together for purposes of learning, solving problems, making decisions, and/or improving human relationships.
<b>Case Study</b>	A single person, group, event or community that has had an In-depth investigation and/or research.	Provides an account of an actual problem or situation an individual or group has experienced. Effective for provoking controversy and debate on issues for which definite conclusions do not exist.
<b>Brainstorming/Problem-Solving</b>	A technique used to bring forth a list of spontaneous ideas for a problem(s) and recommend solutions on solving the issue(s).	Provides the opportunity for learners to solve a problem through the collection, Educational Plan, and assessment of information. An effective teaching method to encourage learners to inquire and think critically about a topic. Solicits creative ideas or identifies possible solutions to problems and allows the learner to express opinions and ideas without the threat of being judged by other learners.
<b>Role Play/Role Modeling</b>	A technique used to rehearse situations in preparation for future experiences and to improve the learners' abilities within that role.	Provides learners with the opportunity to experience common relation problems and practice communication skills with an expert in a secure environment.

<b>Patient Simulation/Demonstration</b>	A fully interactive technique used to educate learners by utilizing simulation aides to replicate “real-life” clinical scenarios.	Provides a standardized method for a group of learners to compare their individual skills of diagnosis, treatment, and management of a patient with their peers. Opportunity to model the correct step-by-step procedures when performing a specified task.
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4. Promotional Materials: Upload promotional materials, if available. Promotional materials include Save the Dates, Flyers, Brochures and Website advertisements that include educational information like the number of credits offered (designation statement), accreditation statement, disclosure information of faculty, disclosure information of commercial support, etc. If you need further clarity, please contact [jointprovidership@osteopathic.org](mailto:jointprovidership@osteopathic.org). All promotional material must be reviewed and approved by the AOA before publication (**Please go to the section XI on Marketing/Promotional Materials**).
5. Preliminary Agenda: Upload preliminary agenda. Must include the required statements (**See checklist in section XI**).
6. Floor Plan, if applicable: If educational program is a live, in-person meeting (e.g. conference, workshop, symposium, etc.) please upload the floor plan of the meeting that indicates session rooms, exhibit hall, registration, and placement of any signage.

#### Financial Information

1. Registration Fee(s)
2. Vendor/Exhibitor Information
3. Educational Grant/Commercial Support Received (*See Commercial Support section for definitions and additional guidance*)
  - a. Letters of Agreement: If the activity was commercially supported, there must be a fully executed Letter of Agreement (LOA), dated and signed prior to the start date of the activity, between the commercial supporter and the AOA and Joint Provider.
4. Other Financial Support Documentation
5. Honoraria Information

**Please note:** Information regarding commercial support and budgets is critically important to ACCME in ascertaining the independence of the planning and presentation of CME activities. It helps to ensure that activities are free of commercial influence ([Criteria 8, Standard 3.1-3.13](#)). In addition, AOA is required to report this information to ACCME in its annual Program Summary Report (See page 27).

#### Disclosure Information

1. COI Report: Applicant must submit the Conflict of Interest (COI) Report for all Planning Committee Members, Authors, Faculty, staff or any other individual in a position to control the content of the CME activity. All forms must be submitted before an Educational Plan can be approved. Applicant must use mandatory template that is provided in section XV. **Note: Applicants should include all disclosure forms received from faculty. If there are any faculty additions/changes, any outstanding faculty disclosure forms must be submitted to the AOA as soon as organizers are aware of the faculty addition/change. Any person who has not submitted a COI form or who has an unresolved financial conflict of interest may not participate in any**

***way in the planning, delivery, or evaluation of an AOA CME activity.***

2. Disclosure Statement Forms: Applicant must submit the completed Disclosure Forms for all Planning Committee Members, Authors, Faculty, staff or any other individual in a position to control the content of the CME activity. All forms must be submitted before an Educational Plan can be approved. Applicant must use mandatory template that is provided in section XV.
3. Disclosure Information to Learners:
  - a. Disclosure of Financial Support: Acknowledgement of commercial support must be provided to learners prior to their participation in the activity, i.e. in printed program announcements, brochures or online, introductory pages for online activities, and/or introductory slides. Acknowledgement of commercial support must be provided in the agenda/syllabus/program. The acknowledgement may include the name, mission, and areas of clinical involvement of the Commercial Interest; however, it may not include corporate logos and slogans. Further instruction is provided in Section X.
  - b. Disclosure of faculty COIs: Disclosures must be made to participants prior to the beginning of educational activities in a brief statement in the program, such as during the introduction of faculty, on the front matter of an online activity, or on the online or printed syllabus/agenda/program. The disclosure will state that the speaker either does not have any financial interests/arrangements or affiliations with one or more organizations that could be perceived as real or apparent conflict of interest; or the statement will express that the speaker does have a financial interest and all interests (name of the ACCME-defined commercial interest with which they have a relevant financial relationship(s) and the nature of the relationship(s)) must be listed. Further instruction is provided in section IX.

## **Signatures**

1. Program/Activity Director/Chair
2. Applicant Organization's ED/CEO

## **VII. Responsibilities of AOA in Joint Providership**

As an accredited ACCME provider, AOA must ensure all ACCME rules and regulations are met. AOA will be required to verify that the activities it has jointly provided were properly implemented and documented for reaccreditation purposes. Failure to comply with ACCME's requirements may result in probation or withdrawal of AOA's ACCME accreditation and the AOA takes this very seriously

Thus, AOA's joint providership responsibilities include the following:

- Processing and reviewing all elements of the Joint Providership Educational Plan, including determining if the practice gap analysis and objectives are appropriate for the activity.
- Reviewing agenda(s) to include calculation and granting of CME credits; the evaluation form; the activity budget; all marketing materials and the final program.
- Cross-referencing the planning committee and faculty names with the names on the disclosure list in the final program and ensuring all disclosure forms have been properly executed and all conflicts of interests resolved appropriately, and properly disclosed to learners.
- Reviewing all elements regarding educational grants to ensure that: (1) the information provided in Letters of Agreement match the information listed in the final program; (2) the amounts match the information indicated in the final budget for grants/sponsorship, and (3) no Commercial Interests participate in any part of the activity planning.

- Engaging in ongoing correspondence regarding the Joint Providership process and requests for further clarification/information.
- Promoting jointly provided activities online and through other relevant channels.
- Upon the completion of the activity, collecting and reviewing the attendance roster, summary of attendees, all on-site materials (program book), disclosures made onsite during the activity, final financial accounting of the activity, evaluation and outcome analysis.
- Reviewing evaluation summaries to determine if attendees detected bias in individual presentations. This review is conducted regardless of whether or not the joint provider organization accepted any commercial support for the activity. AOA will speak with the joint provider organization if the bias was significant enough to warrant a follow-up communication and determine proper action for all future joint providership programs with that joint provider.

AOA reserves the right to observe the planning process as well as attend the actual activity to ensure that the Joint Providership Program Guidelines are met.

While the AOA staff is available to guide the applicant along the process, it is the sole responsibility of the joint provider organization to collect and submit all required materials that align with all ACCME requirements and requirements outlined in this document.

## VIII. Responsibilities of the Approved Joint Provider Organization

The joint provider organization is responsible for ensuring that all information is in compliance with AOA and ACCME policies and standards. All information must be electronically submitted to AOA in a timely manner. The timeline and checklist serve as a guide during the joint providership process. Failure to meet the deadlines outlined will result in penalty fees or AOA's denial to offer joint providership for the activity.

AOA staff is available to guide the applicant along the process; however, it is the sole responsibility of the joint provider organization to collect and submit all required materials, and to manage all aspects of the activity (such as coordinating hotel logistics, registration, and tabulation of the evaluations). Please note that AOA may be able to assist with tabulating evaluations and outcome measure results as well as other management services for additional fee(s).

Key tasks/items the Joint Provider Organization should keep in mind. Refer to the Timeline above for specific timeframes.

### **At the time of Educational Plan application submission:**

- Educational Plan & Fee:
  - Practice Gap Analysis must be submitted for review at the time of application submission before approval can be granted.
  - Conflict of Interest (COI) Report. Must list all individuals in control of content (Planning committee members, staff, faculty, authors, etc.) and their respective disclosure forms. Must be submitted at the time of application before approval can be granted. Report requested to be submitted in Excel format. Template provided in section XV.
    - The mechanism used to resolve the COI should be documented on the COI report. Please follow instructions on the template and in section IX on how to appropriately resolve potential COIs.
  - COI Disclosure Statement Forms. Applicants should include all disclosure statement forms (Template provided in section XV) at the time the Educational Plan is submitted. Any outstanding disclosure statement forms must be submitted as soon as the organizers are aware of the faculty

change/addition. **Any person who has not submitted a COI form or who has an unresolved financial conflict of interest may not participate in any way in the planning, delivery, or evaluation of an AOA CME activity.**

**Interim Reports - before the activity takes place as designated by timeline (Section IV):**

- Promotional/Marketing Materials (e.g. brochures, web advertisements, preliminary/program/agenda/syllabus, meeting apps, etc.). The appropriate statements and disclosures must be included per the document type (e.g. preliminary, final, etc.).
- Communication of conflict resolution to faculty. Applicants should provide documentation on how COIs were resolved (should be documented in the COI report) and communicated to all individuals in control of content.
- Final agenda/program/syllabus with all relevant disclosure and accreditation statements (exact language is provided in Section XII).
- Budget Agreements (e.g. vendor/exhibitor application and fee structure, reimbursement policy for faculty/planners, honorarium, etc.), Commercial Support Information (grant requests), and LOAs. **If the activity was commercially supported, there must be a fully executed Letter of Agreement (LOA) between the commercial supporter and the AOA.** If not applicable, the AOA must be informed whether or not commercial support is being sought for the activity.
- Evaluation Questions and Outcome Measurement Tool
- Floor Plan, if educational program is a live, in-person meeting (e.g. conference, workshop, symposium, etc.)

**After the activity is completed (the conclusion of the activity is the final date that a learner can claim credit):**

- Final attendance roster of all learners in an Excel spreadsheet (breakdown of Learners by physician and non-physician). Mandatory template provided in section XV.
- Reconciled budget and accounting information (e.g. total advertising and exhibit income, total registration fees, total government monetary grants, total private donations, etc.). **If the activity was commercially supported, the budget MUST itemize how the funds were utilized.**
- Final Evaluation Results & Outcome Measurement Analysis and Summary. *Please be aware that the results alone will not suffice. The evaluation and outcomes must be summarized and analyzed.*

**Please note:** Information regarding commercial support and budgets is critically important to ACCME in ascertaining the independence of the planning and presentation of CME activities. It helps to ensure that activities are free of commercial influence ([Criteria 8, Standard 3.1-3.13](#)). In addition, AOA is required to report this information to ACCME in its annual Program Summary Report (See page 23).

**Note:** All information must be electronically submitted to the AOA via the designated system.

## **IX. Disclosures and Conflicts of Interest**

Financial relationships are relationships in which the individual and/or spouse/partner benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, 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 from which remuneration is received, or expected.

Financial relationships create a conflict of interest (COI) because the individual with the COI has an opportunity to affect the CME content about products or services of a commercial interest with which they have a financial relationship. This opportunity to influence content exists whether it is real or perceived.

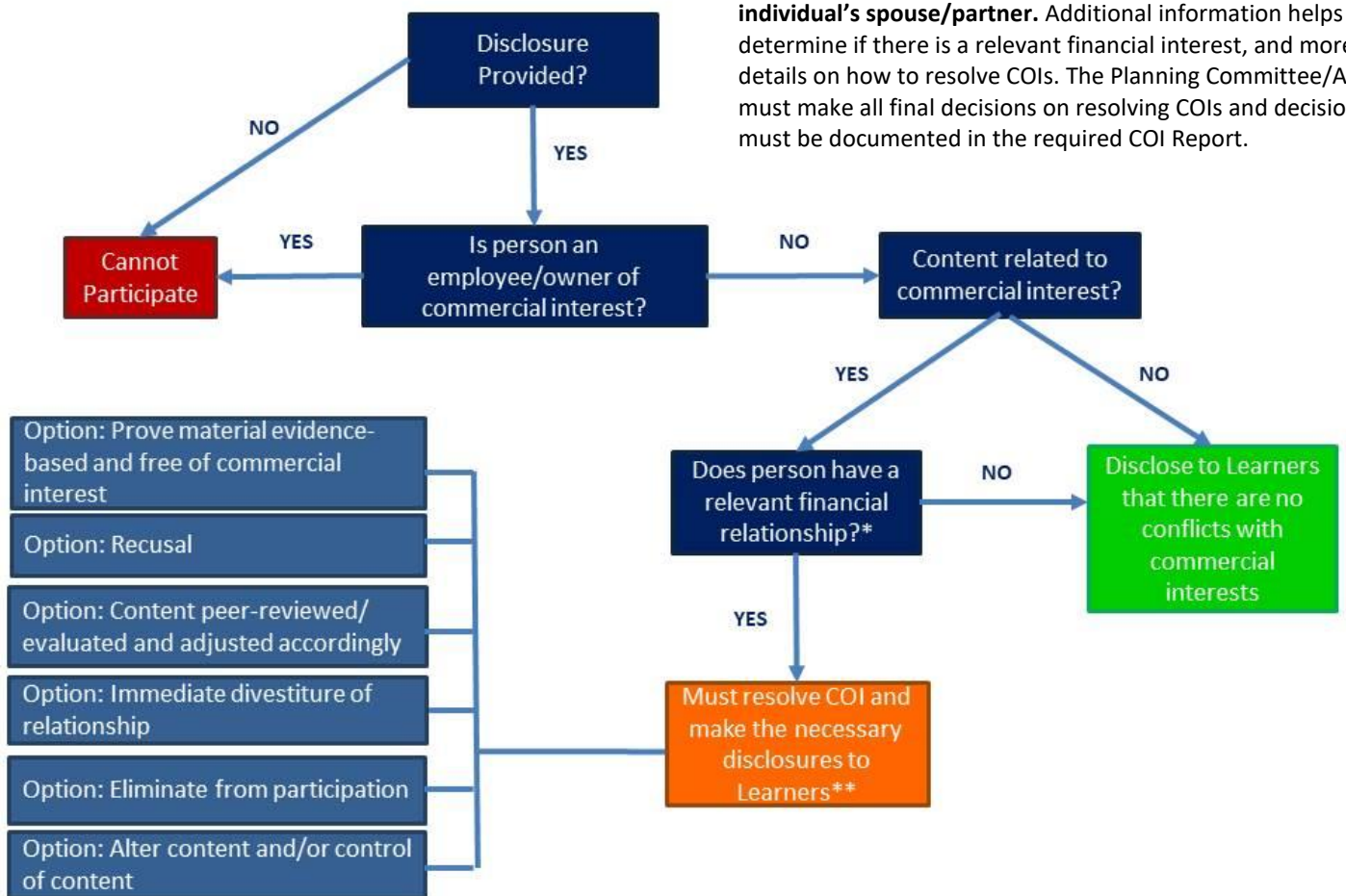
All individuals in a position to control the content for the activity must complete the Conflict of Interest Disclosure Form **which can include, but is not limited to board members, speakers, reviewers, planners, staff, program committees, etc.** (See template below). Any person who has not submitted a COI form or who has an unresolved financial conflict of interest may not participate in any way in the planning, delivery, or evaluation of an AOA CME activity.

If it is determined that a speaker, author, planner or anyone else in control of the content of the educational program has a conflict of interest, a notification stating AOA standards and rules and how the matter must be mitigated must be sent to the respective person prior to the start of the accredited activity. The AOA and/or the Joint provider organization are responsible for resolving any conflicts of interests and disclose information to the Learners.

The following diagram and supplemental information provide guidance on AOA’s COI process:

### AOA’s Process to Resolve Conflicts of Interest

This flowchart is adapted from [ACCME’s COI flowchart](#). “Person” is defined as the actual individual and/or the individual’s spouse/partner. Additional information helps to determine if there is a relevant financial interest, and more details on how to resolve COIs. The Planning Committee/AOA must make all final decisions on resolving COIs and decisions must be documented in the required COI Report.



Note: There is no set minimum dollar amount for relationships to be determined significant. Individuals should disclose every financial relationship that may exist.



### \*How to determine if a relevant financial relationship exists:

- Financial relationship between person in control of content (or their spouse/partner) and a commercial interest
- Any amount of \$ or in-kind relationship
- In the past 12-months

*If you can check all three boxes, then a COI exists, and you must document how the COI is resolved.*

### \*\*Options for Resolving COIs:

- Recusal** of planning committee members who have COIs from committee discussions and decisions regarding the planning of potential topics and respective sessions.
- Peer review /evaluation process for presentation content:** Planners without conflicts of interest review the content, or authors/facilitators that do not have conflicts of interest related to content review the information to ensure the data support the conclusions before being accepted for presentation/ publication). Content revised as recommended by the peer reviewers is to bring it into compliance.
- Altered the control over the content** by: **(a)** choosing someone else to control that part of the content; **(b)** changing the focus of the CME activity so that does not relate to the products or services of the commercial interest; **(c)** changing the content/topic of the individual's educational assignment so that it does not relate to the products or services of the commercial interest; **(d)** limiting the individual's content to a report without practice recommendations (if individual was funded by a commercial company to perform research, the individual's presentation may be limited to research data and results); **(e)** limiting the role of the individual to reporting practice recommendations based on formal structured review of the literature with the inclusion and exclusion criteria stated (evidence-based).
- Material is evidence-based and free of commercial interests.** The individual documents that the recommendations for clinical care are based on the best available published evidence or best practice guidelines. (e.g., peer reviewed literature, adhering to evidence-based practice guidelines. Speaker provides adequate references and provides logical connection between conclusions and recommendations. (Example language to convey to the learners, "the best available evidence in the literature is ... and supports the following conclusions ... my recommendations on what we should do now are...").
- Divest interest.** When a person divests from a relationship, it is immediately not relevant to a COI, but is still treated as a financial relationship within the past 12 months and must be disclosed.
- Individual not permitted to participate** in any aspect of planning and/or delivering the CME activity.

### Disclosure to learners:

Disclosures of financial relationships must be made to learners prior to the beginning of educational activities in a brief statement in the program, such as during the introduction of faculty, on the front matter of an online activity, on the syllabus, or as a dedicated slide at the beginning of the speaker's presentation. The disclosure must state that the speaker either does not have any financial interests/arrangements or affiliations with one or more organizations that could be perceived as real or apparent conflict of interest in the context of the subject of the presentation; or the statement will express that the speaker does have a financial interest and all interests (name of the ACCME-defined commercial interest with which they have a relevant financial relationship[s] and the nature of the relationship[s]) must be listed. Sample language is provided in section XII. In addition to any oral statements and presentation slides, disclosures should be included in the program guide/syllabus or online.

## X. Commercial Support

There are two types of commercial support: (1) educational grants; and (2) commercial exhibits and advertising. No educational activities receiving credit should be integrated with any promotional activities, materials and messages. There must be a clear delineation of physical area and interaction.

### A. Educational Grants

An unrestricted educational grant can be used to support the educational components of a CME activity, and can be in the form of a monetary grant or an "in-kind" donation. Funds support expenses for developing and presenting a CME activity. They can be used to pay for the expenses of faculty as well as others who are working on the activity. They can also be used to pay for audio/visual, honoraria and other meeting related expenses. The AOA requires all funding arrangements regarding commercial support to be set forth in writing and fully executed by both parties prior to the first day of the activity. The written statement must include the purpose and specific amount of the support, how funds will be received from the commercial supporters, and how the funds will be expended (e.g., speaker expenses, travel, honoraria, AV equipment, and printing of program brochures). The agreement must explicitly state funds will be sent to AOA and expenses must be paid or reimbursed directly by the accredited provider, and not by the ineligible entity or by a joint provider. Commercial support cannot be used to pay registration fees, travel, lodging, personal expenses or to off-set meal costs for non-faculty attendees at CME activities.

Acknowledgement of commercial support must be provided to learners prior to their participation in the activity, i.e. in printed program announcements, brochures or online, introductory pages for online activities, and/or introductory slides. The acknowledgement may include the name, mission, and areas of clinical involvement of the Commercial Interest; however, it may not include corporate logos and slogans.

Other ACCME requirements regarding Commercial Support are found in [ACCME Standards for Commercial Support \(SCS\) 3.1-3.13](#).

### B. Commercial Exhibits and Advertisement

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support, but similar requirements must be met. Arrangements cannot influence planning or interfere with the activity content. Advertisements and other marketing materials are not allowed to be displayed or distributed within the educational program/space/meeting room before, during or after the educational activity. Exhibits must be kept physically separate from the CME meeting space and not in a requisite pathway to the educational activity. Payment and arrangements for exhibits and/or advertising and marketing must be separate business transactions and cannot be conditions for an educational grant.

A complete listing of all the commercial supporters must be included in your final program book, but educational grantors must be listed separately from exhibitors in the final program and in the budget. A commercial supporter can ask for an accounting of how their commercial support has been spent.

Other ACCME requirements regarding Commercial Support are found in [ACCME SCS 4.1-4.5](#).

### C. Reimbursement for Out-of-Pocket Expenses and Honoraria

Faculty may receive a reasonable honoraria and reimbursement of out-of-pocket expenses. Honoraria and reimbursement of expenses must be paid directly by the provider, joint provider, or designated educational partner in compliance with the provider's written policies and procedures. All reimbursements and honoraria must comply with [ACCME Standards for Commercial Support which are available online](#).

ACCME requirements regarding Reimbursement and Honoraria are found in [ACCME SCS 3.7-3.12](#).

#### D. Social Events

Social events and/or meals must be held prior to or after education events. No events are permitted to compete with or take precedence over educational sessions. A schedule must be created for all events to ensure there are no conflicts.

ACCME requirements regarding Social Events are found in ACCME [SCS 3.11](#).

## XI. Marketing/Promotional Materials & Final Programs

The joint provider must send its activity's preliminary program and promotional materials to AOA before the scheduled activity and according to the timeframe laid out in the Timeline. Promotional materials include any and all invitations, brochures, or fliers used to inform individuals about the CME activity. **No ads can be included on marketing materials that includes educational materials, i.e. accreditation statement, designation statement, number of credits, disclosures, commercial support acknowledgements, etc. No logos for commercial supporters are allowed on marketing materials.** AOA will review all activity promotional material before printing/distributing to ensure compliance with ACCME standards.

#### A. Save the Date or other type of brief flyer or announcement:

- ✓ Title, date, location
- ✓ AOA Logo (AOA will provide a logo to use for all publication and marketing material; should be placed on the front of your promotional piece)
- ✓ Purpose/brief description
- ✓ "Limited" Credit Designation Statement (cannot state the number of approved credits in this statement)

#### B. Preliminary Agenda/Brochure/Program (may include registration information)

- ✓ Title, date, location
- ✓ AOA Logo
- ✓ Purpose
- ✓ Intended Audience (optional)
- ✓ Accreditation Statement
- ✓ "Limited" Credit Designation Statement
- ✓ "Limited" Disclosure Statement

#### C. Website

- ✓ If website merely serves as a save the date, then must include the Accreditation Statement and the "Limited" Credit Designation Statement.

- ✓ If website includes the specific number of available credits, then must have the Accreditation Statement and “Full” Credit Designation Statement.

D. Final Program/Agenda/Syllabus/Online App (print or online)

The final program/agenda/syllabus/online app is the information available to learners on the day of and throughout the activity. Must be submitted to and approved by the AOA before printing and distributing, submission must be at least forty-five (45) days before the scheduled activity

- ✓ Title, date, location
- ✓ AOA Logo
- ✓ Purpose Intended Audience
- ✓ Learning Objectives (overall and individual sessions)
- ✓ Meeting Agenda
- ✓ Faculty Listing (including credentials i.e. DO, MD, RN, PhD, etc.)
- ✓ “Full” Credit Designation Statement
- ✓ Accreditation Statement
- ✓ “Full” Disclosure Statement– must include all individuals in the position to control the content of the activity (i.e., planning committee members, faculty, staff, authors)
- ✓ Grantor Acknowledgement (Commercial Support and any other type of financial support) if applicable - Remember, no logos permitted)
- ✓ Need to distinguish between educational grantors and exhibitors if including information on all outside parties.
- ✓ AOA Disclaimer

**The phrase "AMA PRA Category 1 Credit™" is a trademarked phrase of the American Medical Association and must always use “verbatim” complete with italics.**

**In compliance with AMA PRA program, AOA does not permit a joint provider organization to indicate that AMA PRA Category 1 Credit™ “has been applied for,” “is pending,” or any other similar wording.**

**AOA reserves the right to deny accreditation through joint providership if criteria are not met before publication.**

**XII. Statement/Disclosure Language Requirements: Please use exact language**

Statement Name	Language to Use:	When to Use:
“Limited” Credit Designation Statement:	"This activity has been approved for <i>AMA PRA Category 1 Credits™</i> ."	Can only be used on “Save the Date” announcements (e.g., postal mailers with limited space) where the document only contains logos, activity title, location, and date. <b>If the document contains information about objectives, faculty, the actual number of credits to be awarded, etc., then the document must contain Credit Designation Statement and the Full Accreditation Statement (below).</b>

Statement Name	Language to Use:	When to Use:
<b>“Full” Credit Designation Statement:</b>	“AOA designates this activity for a maximum of ____ <i>AMA PRA Category 1 Credit(s)</i> <sup>™</sup> . Physicians should claim only the credit commensurate with the extent of their participation in the activity.”	Use this statement when the document contains any of the following information: objectives, faculty, the actual number of credits to be awarded, etc.
<b>Accreditation Statement:</b>	<p><b><i>Direct Providership Activities:</i></b> “The American Osteopathic Association (AOA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.”</p> <p><b><i>Joint Providership Activities:</i></b> “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Osteopathic Association (AOA) and (name of joint provider organization). The AOA is accredited by the ACCME to provide continuing medical education for physicians.”</p>	Use this statement when the document contains information about objectives, faculty, the actual number of credits to be awarded, etc.
<b>“Limited” Disclosure Statement for Promotional Materials</b>	“The AOA and (name of joint provider organization) has implemented a policy to comply with the current Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support requiring resolution of all conflicts of interest. All individuals involved in planning the activity who declared a relevant commercial interest will be identified in the activity syllabus.”	Use this statement for promotional materials and in the Preliminary Agenda/Brochure/Program. Also, include on the website if the preliminary agenda is made “a part of” the website as opposed to being a separate page or document.
<b>“Full” Disclosure Statement for Promotional Materials</b>	<p>“The American Osteopathic Association has implemented a policy to comply with the current Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support requiring resolution of all faculty conflicts of interest. Faculty declaring a relevant commercial interest must be identified in the activity syllabus and/or program.</p> <p>“In accordance with disclosure policies of AOA and the ACCME, every effort has been made to ensure all CME activities are balanced, independent, objective, and scientifically rigorous. These policies include complying with ACCME’s Standards for Commercial Support and resolving all possible conflicts of interest for the Planning committees, Authors, Faculty and staff. “</p> <p>“The following faculty, presenters and planning committee members have indicated that they have no relationship that could be perceived as a potential</p>	Use this statement in the Final Agenda/ Brochure/Program that is available for Learners on the day of the activity.

Statement Name	Language to Use:	When to Use:
	<p>conflict of interest:"</p> <p>(Name)</p> <p>"The following faculty, presenters and planning committee members have indicated that they may have a relationship that could be perceived as a potential conflict of interest:"</p> <p>(Name – Relationship – Company Name – Role in the Planning Process)</p>	
<b>Grantor Acknowledgement:</b>	<p>(Monetary Grantor): "The AOA and (name of joint provider organization) acknowledge educational grants for (support/partial support) of this activity from: ..."</p> <p>(In Kind Grantor): "The AOA and (name of the joint provider organization) acknowledge in kind educational grants for partial support of this activity from: ..."</p>	Use this statement in the Final Agenda/Brochure/Program if you have received financial contributions from a commercial interest.
<b>AOA Disclaimer:</b>	<p>"The information in this educational activity is provided for general medical education purposes only and is not meant to substitute for the independent medical judgment of a physician relative to diagnostic and treatment options of a specific patient's medical condition. The viewpoints expressed in this CME activity are those of the authors/faculty. They do not represent an endorsement by the AOA. In no event will the AOA be liable for any decision made or action taken in reliance upon the information provided through this CME activity."</p>	Use this statement in the Final Agenda/Brochure/Program.

### XIII. Granting Credits and Certificates

The joint provider is responsible for issuing certificates to each individual that participates in and completes an accredited activity. Certificate templates for physician and non-physician are available in section XV. The joint provider should maintain certificates and records for a minimum of six years after the completion date of the activity. The AOA will maintain a transcript of AMA CME credits in the TraCME system from the provided final attendance list but will not be responsible for issuing duplicate or lost certificates.

To ensure that a learner "completes" an activity, they must submit an assessment, typically in the form of an evaluation, which measures their achievement of the educational purpose and/or objective of the activity. If a learner does not submit an assessment or evaluation for the accredited activity, they are not eligible to receive credit for that activity. For example, if a learner listened to a webinar but does not submit any assessment or evaluation of the activity, then they have not completed the activity and are ineligible for credit and thus a certificate.

Only physicians (DOs, MDs, and those with equivalent medical degrees from another country) may be awarded *AMA PRA Category 1 Credit™* for accredited education. Non-physician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit™*, however documentation may be issued that states that the activity was designated for *AMA PRA Category 1 Credit™*.

Certificates must accurately reflect, at minimum, the following:

- Participant's name
- Name of accredited CME Provider (the AOA) and the joint provider
- Title of activity
- Learning format
- Date of live activity or date that participant completed the activity
- Number of *AMA PRA Category 1 Credits™* awarded for physician learners, or number of attendance hours for non-physician learners

Examples of this language and certificate templates are available in section XV.

An activity can be dually accredited for AOA CME credit and *AMA PRA Category 1 Credit™*. If an activity is dually accredited for AOA CME credit, it must follow regulations outlined in the [AOA CME Guide](#) along with the guidelines in this document for *AMA PRA Category 1 Credit™* by the AOA.

A physician may receive one certificate for both AOA and *AMA PRA Category 1 Credit™* if an activity is dually accredited; however, the appropriate language for both credit types must be displayed on the certificate. **Please be aware that certificate templates provided in Section XV only have appropriate *AMA PRA Category 1 Credit™* and ACCME language. Appropriate AOA credit designation must be added if an activity is dually accredited.**

## XIV. Glossary of Terms

**Accredited Provider:** The accredited provider is the organization that is accredited by the ACCME to provide *AMA PRA Category 1 Credit™*. For the purpose of this document, the accredited provider will be the American Osteopathic Association (AOA).

**AMA PRA Category 1 Credit™:** AMA's Physician's Recognition Award Credit System.

**ACCME-Defined Commercial Interest:** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients." Providers of clinical service directly to patients are not considered to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

**Commercial Support:** 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. The definition of roles and requirements when commercial support is received are outlined in the ACCME Standards for Commercial Support. Advertising and exhibit income are not considered commercial support.

**Conflict of Interest:** A conflict of interest exists when an individual has both a financial relationship with a commercial interest and the opportunity to affect the content of CME about products or services of that commercial interest. The individual's financial relationship is seen as an opportunity to insert commercial bias into the CME content in an effort to maintain or increase the value of the financial relationship.

**Continuing Medical Education (CME):** Educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.

**Commercial Bias:** A personal judgment in favor of a specific proprietary business interest of a commercial interest

**Completion:** For a learner to complete an activity, they must submit an assessment, typically in the form of an evaluation, that measures their achievement of the educational purpose and/or objective of the activity. If a learner does not submit an assessment or evaluation for the accredited activity, they have not completed the activity and are not eligible to receive credit for that activity.

**Data Sources:** Data sources indicate how an organization determines the professional practice gap. Examples of data sources: expert opinion; measures required by government; national guidelines; specialty guidelines; hospital QI information; research findings; previous activity evaluations; etc.

**Educational Grants:** Educational grants are used to support the educational components of a CME activity. It can be in the form of a monetary grant or an "in-kind" donation. Exhibits are not considered commercial support because exhibitors are given something (booth space) in exchange for their payment. Exhibit income is often used to help offset general costs related to an activity.

**Enduring Activity:** Is a printed, recorded, or computer-presented activity that may be used over time at various locations and which, in itself, constitutes a planned activity.

**Faculty:** The individuals responsible for teaching, authoring, or otherwise communicating the activity content to learners.

**Financial Relationship:** A relationship in which the individual and/or spouse/partner benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

**"In-Kind" Commercial Support:** "In-kind" refers to the loan or donation of equipment or supplies as well as services from a commercial interest. Letters of Agreement must be completed for in-kind support. Examples of in-kind support include equipment, supplies, and facilities.



**Joint Provider:** the non-accredited educational partner.

**Joint Providership:** The ACCME defines joint providership as the providership of a CME activity by one or more accredited and one or more non-accredited organizations. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited organization and must use the appropriate accreditation statement.

**Journal-Based CME:** Is a certified activity in which an article, within a peer-reviewed, professional journal, is certified for *AMA PRA Category 1 Credit™*.

**Learner:** a participant in an accredited activity. See also “physician learners,” and “other learners.”

**Letter of Agreement (LOA) / Educational Grant:** The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter and the accredited provider. Both the commercial supporter and the accredited provider must date and sign the written agreement before the activity. The written agreement must specify the commercial interest that is the source of commercial support and the monetary amount or type of in-kind support.

**Live Activity:** An activity that occurs at a specific time. Participation may be in person or remotely as is the case of teleconferences or live Internet webinars. These may be offered through a variety of delivery mechanisms; examples include, but are not limited to, national, regional or local conferences, workshops, seminars, simulation workshops, structured learning activities presented during a committee meeting and live Internet webinars.

**Other Learner:** Learners other than those who have obtained an MD, DO, or equivalent medical degree from another country.

**Outcome Measurement:** The tabulation, calculation, or recording of an activity or effort that can be expressed in a quantitative or qualitative manner, when attempting to measure shifts or progress toward desired levels of quality.

**Practice Gap:** The difference between actual and ideal performance and/or patient outcomes. When there is a difference between what the professional is doing or accomplishing compared to what is “achievable” on the basis of current knowledge" there is a professional practice gap.

**Practice Gap Analysis:** Sets forth the practice gap(s) the activity will address, the sources used to identify the practice gap and how it should be resolved/corrected, and aligns the practice gap(s) with the learning objectives as well as the appropriate type of outcomes to expected (change in competency, performance, and/or patient outcomes).

**Physician Learner:** Activity learners who are MDs, or DOs, or have an equivalent medical degree from another country.

**Regularly Scheduled Series:** Is a course planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization’s professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences.

**Financial Relationship:** A financial relationship in any amount occurring within 12 months preceding the time that the individual is asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

**Webcast:** Delivering live media and broadcasting it in real time over an online platform. Live media streams are generally provided by a means called true streaming. Also known as “Simulcast”.

## XV. Templates & Other Resources

### **Mandatory Templates**

Mandatory templates are those that must be used to complete and submit information in the Joint Providership program application. Please be aware that if you do not use these templates, you may be requested to re-submit your information in the correct format.

Certificate Template: [Physician](#); [Non-Physician](#)

COI Disclosure Form: [AOA CME Disclosure Form](#)

Credit Grid Template: [AOA Credit Grid Template](#)

Disclosure and COI Report: [Excel Disclosure/COI Report Form](#)

Educational Grant/Commercial Support Received: [Excel educational grant/commercial support received Form](#)

Evaluation Question Template: [CME Evaluation Question Template](#)

Final attendance roster: [Excel Template](#)

Gap Analysis & Educational Format: [Excel Template](#) and [Example](#)

### **Optional Templates**

Optional templates are those that may be used for your reference, as a guide or sample, or may be used verbatim.

Front Matter template: [Link here](#)

Commercial Support/ Letter of Agreement: [Link here](#)

Budget Template: [Link here](#)

### **Resources**



Verbs for Writing Learning Objectives: [Bloom's Taxonomy Action Verbs](#)

[ACCME Accreditation Rules](#). *Note: Links to specific ACCME accreditation rules are provided inline throughout the document to help guide you through the process*

[ACCME FAQs](#)

**PLEASE NOTE: AOA is required to report this information to ACCME in its annual Program Summary Report. Please ensure that it is included in your final budget**

Please do not use the 'Back' or 'Forward' buttons on your browser when navigating in system.

Reporting Year  2019 

## 2019 Program Summary

The [Program Summary](#) summarizes income for the 2019 Reporting Year. Required fields may be filled with a zero ("0") if they do not apply to your organization.

*Last Modified: 05/31/2019 02:02 PM by Tennille Tenard*

**1. Total amount of monetary commercial support received in 2019**

Total amount of monetary commercial support received (aggregated from information provided about your individual activities)..... USD 0.00

**2. Total advertising & exhibit income received in 2019**

Advertising and exhibit income received in support of your program (Required. If none received, type "0.00") USD

**3. Total registration fees received in 2019**

Registration fees received from activity participants. (Required. If none received, type "0.00") USD

**4. Total government monetary grants received in 2019**

Monetary grants received from federal, state or local governmental agencies in support of your Program. (Required. If none received, type "0.00") USD

**5. Total private monetary donations received in 2019**

Monetary donations received from private sector, including foundations, in support of your Program. Commercial Support is not considered to be a Private Monetary Donation. (Required. If none received, type "0.00") USD