



ACCME DOCUMENTATION REVIEW FORM

- Y =** Yes, there is evidence that the provider's practice meets the ACCME accreditation requirement.
N = No, the evidence does **not** demonstrate that the provider's practice meets the ACCME accreditation requirement.
ENP = Evidence **N**ot **P**rovided (i.e. the provider included NO evidence in the file to demonstrate compliance with the ACCME accreditation requirement.)
NA = **N**ot **A**pplicable and requires an explanation.

Provider #		Provider Name			
Activity Name					
Activity Date		Activity Type		Sponsorship	
Surveyor Name					
Commercial Support Received?					

<i>For THIS ACTIVITY does the provider's evidence demonstrate that the provider</i>	Y	N	ENP	NA	Explanations:
C2 ...incorporated ... needs (knowledge, competence, or performance) that underlie a professional practice gap(s) of their own learners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C3 ... activity designed to change competence, performance, or patient outcomes (as described in its mission statement)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C4 ... content of this activity matched the learners' current or potential scope of professional activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C5 ... activity format was appropriate for the activities' setting, objectives and desired results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C6 ... developed the activity in the context of desirable physician attributes (e.g., IOM competencies, ACGME competencies)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C7 Q1 ... made all decisions... free of the control of commercial interests? (SCS1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C7 Q2 ... had disclosure information from all individuals in control of CME content regarding their relevant financial relationships? (SCS2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C7 Q3 ... disqualified anyone that refused to disclose? (SCS2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C7 Q4 ... implemented a mechanism(s) to identify and resolve conflicts of interest prior to the activity? (SCS2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C7 Q5	... disclosed to learners prior to the activity relevant (or no) financial relationships (with all required information) for all individuals in control of CME content? (SCS6.1, 6,2, 6,4, and 6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C7 Q6	... disclosed commercial support for the activity to learners prior to the activity (SCS6.3, 6,4, and 6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C8 Q1	... paid honoraria and reimbursement in compliance with the provider's policies ? (SCS 3.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C8 Q2	... has written agreements that (1) specify terms and conditions ...; (2) are signed, (3) executed prior to ..., (4) for all commercial supporters? (SCS 3.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C8 Q3	... has documentation detailing the receipt and expenditure of commercial support? (SCS 3.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C 11	... evaluated changes in learners' competence or performance or patient outcomes that resulted from the CME activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ACCME POLICIES

Policies	The provider consistently utilizes the appropriate Accreditation Statement (s) for its activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The Enduring Material(s) produced consistently communicate the information as stated in the Enduring Materials policy to participants prior to starting the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The provider consistently demonstrates that the requirements as stated in the Journal CME policy are met for its journal-based CME.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The provider consistently demonstrates that the requirements as stated in the Internet CME policy are met for its internet-based CME.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Criteria for Accreditation with Commendation

If the material you have reviewed offers evidence of practices that may support the ACCME’s Criteria for Commendation, please specify your findings below.

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ACCME’s Criteria...		Y	N	ENP	Explanations:
C 16	The provider operates in a manner that integrates CME into the process for improving professional practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C17	The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C18	The provider identifies factors outside the provider’s control that impact on patient outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C19	The provider implements educational strategies to remove, overcome or address barriers to physician change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C20	The provider builds bridges with other stakeholders through collaboration and cooperation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C21	The provider participates within an institutional or system framework for quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C22	The provider is positioned to influence the scope and content of activities/educational interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If the material you have reviewed for this activity raises a concern regarding the provider’s compliance with any ACCME expectation not explicitly addressed in the above questions, please explain your concerns and describe the material that you reviewed that led to your concerns.

OR

If you need to elaborate further on a comment from one of the above questions, please specify here the Criterion you are referencing and continue your comment.