



Application for CME Credit Policies & Procedures

Western Michigan University Homer Stryker M.D. School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

It is our privilege to approve CME activities for category 1 credit of the Physician's Recognition Award of the American Medical Association. WMed supports the Accreditation Council for Continuing Medical Education Standards for Commercial Support. As an organization actively involved in the direct and joint providership of multiple CME activities, we are responsible for the content of these activities, their adherence to the CME Essentials and the general integrity of their design and presentation. In order to maintain our accreditation, WMed has implemented the policies and procedures in this document.

In this document you will find the policies and procedures you must follow in order to obtain CME credit for an activity. It is strongly recommended that you read through the policies and procedures in their entirety before you complete the application. Please keep the policies for reference as you plan your educational activity.

After reading the policies and procedures you can call the CE Coordinator if you have any questions.

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WMed CE Office Policies and Procedures

COMMON CME TERMS & DEFINITIONS

ACCME: Accreditation Council for CME. WMed must adhere to ACCME policies to keep our CME Accreditation; therefore, we have developed the policies you see in this CME application.

Accrediting Organization / Accredited Provider: The provider of the CME credits (WMed).

Commercial Interest/Commercial Supporter: A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Companies that provide direct patient care are **not** defined by the ACCME as commercial interests.

The following entities are NOT defined as commercial interests by the ACCME:

- 501c Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

Course: A CME activity that only occurs once per year. (E.g. Research Day, West Michigan Air Care Fall Conference)

Enduring Materials: Materials created from a live CME activity (audio/video tapes) for later use. CME credits may not be offered for enduring materials without permission from WMed CE Office.

Exhibits/Displays: Tables at which commercial entities may advertise at an activity.

In-Kind Commercial Support: Goods or services provided by a commercial interest for use at a CME activity.

Joint Provider: Upon CME approval, Non-Accredited Provider and Accrediting Organization become Joint Providers of the CME activity.

Non-Accredited Provider/Educational Provider: The person or organization that applies for CME Credit.

RSS: Regularly-scheduled series, an activity that occurs multiple times throughout the year. (E.g. Internal Medicine Grand Rounds, Cancer Conference)

DEADLINE

The completed application should be received by the CE Office 90 days in advance of the educational event along with the application fee. An increased application fee will apply as a penalty for applications received with less than 90 days' notice. No application will be accepted with less than 45 days' notice. No applications will be accepted in advance of one year.

REQUEST TO WAIVE APPLICATION DEADLINE

All requests to waive the 45-day application deadline must be submitted in writing and include an explanation for why the application merits late submission. Case-by-case exemptions to the deadline may be made if the CE Director agrees with the explanation given. Applications must be complete upon first submission with minimal additional information required. If the application requires too much follow up, it will be rejected due to limited time to meet the ACCME's accreditation requirements. Deadline exemptions apply to individual applications and do not extend to any future applications. An application fee will apply to all late submissions.

ACTIVITY TYPE

Course: A course is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.

Regularly Scheduled Series: A course is identified as a *regularly scheduled series (RSS)* when it is planned to have

1. a series with multiple sessions that
2. occur on an ongoing basis (offered weekly, monthly, or quarterly) and
3. are primarily planned by and presented to the accredited organization's professional staff.

Examples: Grand Rounds, Tumor Boards, and M&M Conferences.

Internet Live Course: An *internet live course* is an online course 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 that activity. (Example: webcast)

Enduring Material: An *enduring material* is a printed, recorded, or computer-presented CME activity that may be used over time at various locations and which, in itself, constitutes a planned activity. In an enduring material the provider creates the content.

Internet Activity (Enduring Material): An *internet enduring material* activity is available when the physician participant chooses to complete it. It is "enduring," meaning that there is not just one time on one day to participate in it. Rather, the participant determines when he/she participates. (Examples: online interactive educational module, recorded presentation, podcast).

Journal-Based CME: A *journal-based CME* activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

Manuscript Review: *Manuscript review CME* is based on a learner's participation in the pre-publication review process of a manuscript.

Test Item Writing: *Test item writing* is a CME activity based on a learner's participation in the pre-publication development and review of any type of test-item (e.g., multiple choice questions, standardized patient cases).

Committee Learning: *Committee learning* is a CME activity that involves a physician learner's participation in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of CME.

Performance Improvement: *Performance improvement* activities are based on a learner's participation in a project established and/or guided by a provider in which a physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then re-evaluates his/her performance.

Internet Searching and Learning: *Internet searching and learning* activities are based on a learner identifying a problem in practice and then accessing content in search for an answer from sources on the Internet that are facilitated by a provider. For the purpose of ACCME data collection, the ACCME includes AMA-defined point of care CME as a form of internet searching and learning.

Learning from Teaching: *Learning from Teaching* represents a range of activities in which an accredited provider can facilitate practice-based learning and improvement – where the 'practice' could be the person's professional "teaching practice" or "clinical practice" or "research practice".

Examples of learning from teaching activities:

1. A faculty member is asked to give an interactive skills-based workshop on "Sinusitis" designed to address medical students' inability to evaluate patients appropriately for this condition. The faculty member identifies, through self-assessment, that she does not know the anatomy of the sinuses, does not know the pathophysiology of these processes, and does not have a personal strategy in place for taking a history regarding sinusitis or for examining the patient. Therefore, she conducts her own personal learning project to address these needs—and can then describe what new strategies she develops as a result. Also during this process, she learns several new skills associated with including x-ray images and 3D-imaging videos in her educational presentations using software tools.
2. To prepare for teaching a skills workshop at a surgical specialty society meeting, physician faculty find that they need to learn how to operate a new laparoscopic device that will be used during the workshop. The specialty society, as an accredited CME provider, facilitates their training on the new device as a *Learning from Teaching* CME activity for the faculty prior to their teaching engagement.
3. An accredited provider makes available a *Learning from Teaching* CME activity for community physicians who have recently been recruited as new faculty for undergraduate and graduate medical school instruction in the form of "individualized learning projects" where new faculty assess what knowledge and skills they need to teach more effectively, and then makes available training and feedback to improve their teaching skills. It

includes one-to-one mentorship and training with educational experts that is scheduled by the learners.

4. In the process of revising a series of educational seminars provided each year for the orientation of new staff members, a physician administrator in the risk-management department finds that she has to learn and incorporate new medical coding knowledge and strategies that have been published since the last orientation she taught. As an accredited CME provider, her institution makes it possible for her to receive CME credit for her *Learning from Teaching* that involves modifications to her own coding practices while preparing for the seminars.

BUDGET

A budget for the activity must accompany the CME application. A template is available on our [website](#), or you may use your own form.

Financial Responsibility: The educational provider (non-accredited organization or WMed department) must agree to be responsible for all costs incurred by the conference. WMed CE Office will take no financial responsibility unless initially agreed upon.

CME Application Fees:

Any Organization Seeking CME Credit, except WMed and affiliates.

\$175	Notice of 90 days or more
\$250	Increased fee for applications with less than 90 days' notice

WMed, Borgess Medical Center, Bronson Methodist Hospital, only if commercial companies are not providing support and conference registration fees are not charged to the attendees.

Waived	Notice of 90 days or more
\$175	Increased fee for applications with less than 90 days' notice

WMed, Borgess Medical Center, Bronson Methodist Hospital, if a commercial company is providing support and/or conference registration fees are charged to the attendees. Also all outreach activity applications and certification course (e.g. ACLS or PALS) applications.

\$175	Notice of 90 days or more
\$250	Increased fee for applications with less than 90 days' notice

Registration Fees:

We reserve the right to register any WMed faculty member at no charge for evaluation and observatory purposes. The registration fees for WMed residents and medical students will be deferred; minimal fees for lunch & materials are acceptable.

Commercial Support Funding:

Payable to: All educational grants will be made payable to the WMed CE Office with a letter of agreement documenting this relationship, unless otherwise stipulated and agreed upon by WMed CE Office in advance. All checks for display fees will be made payable to WMed, unless otherwise stipulated and agreed upon by WMed CE Office in advance.

Acknowledgement: Commercial support shall be acknowledged on all printed materials.

Educational Grant Request/Application: All grant requests (example: pharmaceutical company grant applications) for CME activities must be applied for by the CE Office, unless prior written approval is given by the CE Director. Grant requests can only occur after the CME application is approved.

Time Devoted to Requests: The CE Office will devote no more than two (2) hours per grant request. If more than two hours are required to complete a grant request, the request may not be submitted by WMed.

Number of Requests: The number of grant requests for a single activity is limited to ten (10) companies unless otherwise agreed to by WMed.

Deadlines: Grant submission deadlines are set by the commercial supporting company. If multiple grants will be requested for a single activity, it is the non-accredited provider's responsibility to verify that enough time is allowed to submit the grant before the commercial supporter's deadline.

Joint-Providership Accounting Fee: For jointly-provided activities, an accounting fee of \$200 will be added to the amount requested. If multiple grants will be requested for a single activity, \$200 will be added to each grant requested.

Example, single grant requested: \$1000 are requested to cover speaker honorarium and travel expenses. A grant of \$1200 will be requested.

Example, multiple grants requested: Three companies (Company A, Company B, and Company C) will be requested to provide \$1000 each for a total of \$3000 in educational grant funding. Company A will be asked for \$1200, as will Company B and Company C. The total funds requested will be \$3600.

Grant Worksheet: A grant worksheet must be completed for each company from which a grant will be requested. This worksheet can be found on our [website](#).

For RSS: The worksheet must be completed in full.

For Courses: The top portion of the worksheet must be completed in full. As a budget is required to be attached with the CME application, the budget section of the grant worksheet does not need to be completed.

Request for Additional Information: All requests for additional information must be responded to promptly. A single individual will be the designated correspondent for grants.

Withdrawal of Use of Commercial Support: WMed, at the discretion of the CE Director, reserves the right to withdraw the use of the grant submission process for commercially supported educational grants for any given activity.

Funding: Direct payments from commercial companies to faculty or vendors are not permitted. WMed will reimburse the educational provider or the vendor for conference expenses; the educational provider will have vendors invoice them and will not invoice

WMed. WMed will reimburse speakers for expenses and honorarium. WMed CE Office assumes no financial liability for the activity.

Commercial Activities and Exhibits: Promotional materials will not be displayed in the conference presentation room. All exhibits and social events require the prior approval of the CE Office. Agents or representatives may attend CME activities but shall not engage in promotional/sales activities in the conference room, may not take part in discussions about branded products, or speak from the podium.

Honorarium:

All honoraria amounts are approved by the CE Director at WMed. Honoraria or planning fees will not be paid to the applicant/educational provider or their employees, unless pre-approved by the CE Director.

Example:

Listed below are reasonable and suggested amounts for a physician speaker at a grand rounds one-hour lecture. Ranges may be impacted by several factors.

Local speaker, Kalamazoo area	\$500 - \$750
Speaker within Southwest Michigan	\$500 - \$1000
Speaker with overnight stay	\$750 - \$1500
National speaker, no overnight stay	\$1000 - \$2000
National speaker with overnight stay	\$1000 - \$2500

AGENDA AND CREDITS

The number of *AMA PRA Category 1 Credits*TM offered is determined by the number of hours of instruction given at the activity. Breaks and social hours are not considered hours of instruction and should not be included when determining how many hours of credit to request.

It is necessary to attach an agenda of the conference. If you do not have your agenda finalized yet, you can still apply for CME credits but will need to send a tentative agenda with your application. The number of credit hours may change once a final agenda is submitted. An agenda form is available on our [website](#), but you are not required to use it if you have your agenda available in another format.

TARGET AUDIENCE

The target audience is the population to whom the activity is directed. It may be narrow (e.g. oncologists) or broad (e.g. all persons involved in the care of individuals with developmental disabilities). CME activities must be primarily for physicians although non-physicians may be included.

Interprofessional Activities:

If the activity is designed for more than one member of the healthcare team (e.g. physicians and nurses), it is an interprofessional activity. Representatives of each profession should be included in the activity's planning committee

Attendance Restrictions:

Attendance may be limited to only members of the target audience or by invitation only. Attendance may also be open to all attendees, regardless of whether or not they are in the target audience.

EDUCATIONAL FORMAT

Lecture/Presentation: Provides a large amount of information (knowledge) in a limited amount of time. Allows faculty to talk about a chosen topic.

Q&A Session: Provides learners an opportunity for clarification/validation

Panel Discussion: Provides an opportunity for experts or a group of learners to present differing viewpoints on a topic, issue, or problem to other panelists and the audience (learners).

Case Study or Presentation: Provides an account of an actual problem or situation an individual or group has experienced. An effective method of provoking debate on issues for which definite conclusions do not exist.

Group Discussion: Provides an opportunity for learners to think together constructively for purposes of learning, solving problems, making decisions, and/or improving human relationships.

Journal Club: Provides a format for discussion of journal articles. Useful for a group with similar interests to share opinions and discuss published literature in an organized, face-to-face fashion.

M & M: Provides a safe venue for presentation of cases by learners with possible untoward outcomes. Allows peer interaction with current problems in practice.

Hands-on (skill lab, animal lab): Provides opportunities to practice skills.

Demonstration: Models the correct step-by-step procedures needed when performing a specified task.

Simulation: Provides opportunities to practice skills.

Patient Simulation: Provides a standardized method for a group of physicians to compare their individual skills of diagnosis, treatment and management of a patient with their peers.

Problem Solving: Provides the opportunity for learners to solve a problem through the collection, application, and assessment of information. An effective teaching method to encourage learners to inquire into, and think critically about, a topic.

Games: Provides an interactive and competitive process to validate new learning in a positive emotional situation.

Role Play: Provides learners with the opportunity to experience common human relations problems and practice communication skills in a secure environment.

Brainstorming: Solicits creative ideas or to identify possible solutions to problems. Allows learners to express opinions and ideas without the threat of being judged by other learners.

Self-Directed Learning: Provides an opportunity for adults to learn the subject at their own pace. An effective method of providing active learning with immediate feedback and reinforcement.

Role Modeling or Mentoring: Provides the learner with one-on-one access to expert. Learning takes place over time with opportunities to reflect, apply, question.

PRACTICE GAP

A practice gap can be defined as the difference between what physicians are actually doing in their practice and what they could/should be doing as it may impact patient outcomes, measuring against actual achievable treatment success. These gaps may be due to a multitude of reasons or challenges, including physician ability or environmental issues present in the world in which the physician operates. Gaps may occur on the individual, community, or population level. Gaps can be identified within clinical practice, research practice, education practice, and/or executive administration practice.

Levels: Practice gaps may be found at multiple levels – knowledge, competence, performance.

Knowledge: Physicians do not know about the topic being addressed. E.g. a new cancer treatment is being presented.

Competence: Physicians know about the topic but do not know how to apply it. E.g. physicians know that a new EHR has been implemented, but they have not been trained on how to use it.

Performance: Physicians both know about the topic and how to do apply it but are not doing so. E.g. hospital policy states that aspirin should be given to heart attack patients upon arrival at the ER, but patient statistics indicate that this is only happening 75% of the time.

Documentation: Documentation of the identified practice gap must accompany the CME Application for Joint Providership. Performance data and performance measures at the national, state, or community level may be used to document a practice gap. An explanation of how the specific gap was determined from that data must also be stated as well as the policy or committee from which the gap was identified (e.g. QI Committee).

For RSS: If you are planning a new RSS, the identified practice gap(s) may cover the activity overall. You are not required to identify a Practice Gap for each session.

Example:

You are planning a new RSS entitled Infectious Disease Grand Rounds. The identified Practice Gap is a higher than average rate hospital-acquired infections when compared to national statistics. Individual sessions may focus on physician knowledge, strategies for improving the rate of hospital-acquired infections, and measuring or changing individual performance. Each session relates back to the same Practice Gap.

If the RSS may cover a broad range of topics, you should plan to identify a Practice Gap for each session. The Practice Gap should then be submitted when you submit the details about each session to the WMed CE Office.

Example:

You are planning a new RSS entitled WMed Medical Staff Symposium. It will cover a variety of topics related to the WMed clinics throughout the year. On your application, you should write, "Topics covered will include quality initiatives, malpractice issues, and treatment updates. Individual practice gap analysis will be done for each meeting."

Follow-Up: In order to determine whether or not the activity had an impact on the stated Practice Gap, a follow-up review must be done. This may take place near or on the date of the activity in the form of an attendee evaluation question asking whether or not attendees plan to make changes in their practice and/or performance and, if so, what changes they plan to make. The results should be reviewed and/or assessed by the activity planning committee as well as the WMed CE Office.

In addition, an Outcomes Assessment may take place 3-6 months following the last date of the activity. This may take the form of a survey of attendees on how they may or may not have changed their practice and/or a request for updated documentation showing whether or not the institution has seen a change in physician practice. The WMed CE Office reserves the right to determine which method or methods of follow-up is best for each activity.

Important Note:

While a practice gap may primarily be in physician knowledge, the educational activity should be designed to improve not only physician knowledge, but physician competence. The follow-up will focus on physician competence, performance, and/or patient outcomes. Follow-up only on physician knowledge is insufficient to show improvement in a practice gap.

EDUCATIONAL NEED

The educational need determines the necessity for the activity and should largely emanate from the identified gap analysis. The educational need for an activity is determined from the point of view as to why it is necessary to have an activity focusing on the chosen topic(s). The need must be different than the objectives for the activity. Why does the physician need to learn what is being presented? Document it by showing proof as to your reasoning.

Documentation: Appropriate documentation for the Educational Need must accompany the CME Application for Joint Providership. An explanation of the need is not acceptable documentation. Documentation may include, but is not limited to, any one or more of the following:

- Joint Commission
- Minutes from planning committee meetings
- Minutes from board of directors meeting
- Survey results
- Statistical data
- Documentation from peer review activity
- Written requests from experts
- Written requests from faculty
- Activity evaluations
- Post activity outcomes survey
- Minutes from department meetings
- Local/Regional health statistics

Examples

- ◆ Survey of Target Audience (documentation example - a copy of the survey results)
- ◆ Patient Care Audit (documentation example - a copy of the audit summary)
- ◆ Self Assessment (documentation example - a letter from yourself as well as supporting journal articles)
- ◆ Peer Review Activity (documentation example - a detailed summary of the peer review activity)
- ◆ Request from Experts (documentation example - copies of the written requests received prior to conference planning)

- ◆ Faculty Perception (documentation may include minutes from faculty meetings or other evidence)
- ◆ Health Statistics or Mortality/Morbidity Statistics (documentation would include a copy of these statistics)

Unacceptable Methods for an Educational Need: Physicians need to have CME credits, Physicians will have the opportunity to learn, To have an educational session for physicians.

EDUCATIONAL OBJECTIVES

Educational objectives define the expected outcomes for the learner. The objectives are derived from the overall purpose of the activity. Educational objectives are written statements that describe the learner-oriented outcomes which may be expected as a result of participation in the educational activity. In the case of most continuing education activities these statements describe knowledge, skills, and attitude changes that should occur upon successful completion of the activity and should describe how the practice gap will be addressed.

Miscellaneous: A CME activity that is held weekly or monthly (e.g., grand rounds), may be covered by a single set of activity objectives with additional objectives determined ongoing.

Sample objectives

- ◆ Participants will identify strategies to improve patient outcomes in regards to . . .
- ◆ Participants will be able to recognize the clinical implications of . . .
- ◆ Describe the methodology for development of new guidelines or . . .
- ◆ Participants will be able to identify . . .
- ◆ Outline management principles of . . .
- ◆ Participants will be able to list the essential elements of . . .
- ◆ Compare and contrast the appropriate selection and dosing based on . . .

Some Verbs for use in Stating Cognitive Outcomes: Define, list, recall, name, recognize, state, repeat, record, label, discuss, describe, explain, identify, translate, restate, express, estimate, compute, demonstrate, illustrate, perform, apply, use, distinguish, analyze, differentiate, compare, contrast, categorize, classify, outline, diagnose, propose, design, manage, assess, rate, choose, decide.

Unacceptable Educational Objectives: To offer activities on the selected topic. To give area physicians the opportunity to learn from nationally recognized speakers. Goals of the conference and vague statements that do not describe learner-oriented outcomes.

DESIRABLE PHYSICIAN ATTRIBUTES

Desirable physician attributes are characteristics and abilities that have been defined by a variety of sources. Some are general and are desirable of all physicians, and others are specific to various specialties. Examples can be found in [Appendix 2](#). If you draw your answer from a different source, list both the source and the attribute.

Please see [Appendix 1](#) for a more detailed explanation of the relationship between practice gaps, educational needs, objectives, outcomes, and desirable physician attributes.

CONFLICT OF INTEREST / DISCLOSURE

Definition: Conflict of interest is created when individuals in a position to control the content of CME have a relevant personal financial relationship with a commercial interest that benefits the individual in any financial amount and therefore, may bias their opinions. This may include receiving a salary, consulting fee, honoraria, ownership interest or other financial benefit. It also includes any relevant financial relationships held by the spouse or partner of the individual in control of CME content. Individuals are not required to indicate whether it is their own relationship or their spouse or partner's that is being disclosed.

Identification: WMed CE Office must identify conflicts of faculty and staff involved in the planning, implementation, and teaching of CME. This will be accomplished by using a Disclosure Form. Persons who indicate the existence of such relationships will be asked to agree in writing that said conflicts or relationships will not bias or otherwise influence their involvement in the activity. Any person refusing to make disclosure or to sign attestation may not participate in accredited activity.

Process: Disclosure Forms are completed through an online module. The application asks for a list of speakers and their email addresses and committee members and their email addresses. The CE Office uses this information to send all persons required to complete a Disclosure Form a link to the most current version of the form. If not all speakers are confirmed at the time of application, the names and email addresses of the missing speakers must be sent to the CE Office a minimum of **30 days prior to the activity**. The Activity Coordinator will receive email confirmation of each completed Disclosure Form including a link to the completed form. (See [Appendix 3](#) for more detail on Disclosure Forms and Disclosure to Learners.)

Blanket Disclosure Forms: Those faculty and staff who regularly participate in the planning of or speaking at CME activities are asked to complete one disclosure form annually. This form is used for all CME activities in which they participate that year. They are not asked to complete a separate form for each activity.

Resolution: All conflicts of interest must be resolved. The WMed CE Office has established a process by which disclosed relationships will be reviewed and a resolution made. Persons who indicate a financial relationship may be asked to limit their role in the planning of the activity or to submit their presentation in advance to ensure that it is not biased towards the company with which they have a relationship. This process will be documented on a Conflict of Interest Resolution Form.

Disclosure to Learners: The nature of such relations or conflicts must be disclosed to the audience in advance of the activity or said individual's presentation. Attendees will be queried regarding their impressions concerning presence of commercial bias (or the absence thereof) within the activity and in specific presentations. Proof of disclosure to learners must be submitted to the WMed CE Office no more than 30 days following the activity. It is best to make disclosure in writing, via handouts, the first slide of a PowerPoint presentation, a statement on the sign-in sheet, etc. Written disclosures must be somewhere that all attendees will be able to see them. If disclosure is given verbally during introductory remarks, an Oral Disclosure Attestation Form must be completed. This form should not be completed by the person who makes the disclosure announcement.

PLANNING COMMITTEE

At least once during the planning stages the Conference Planning Committee must meet as a whole. The committee consists of those individuals who have had input on the conference content and planning. A WMed representative is defined as a member of our faculty, staff, volunteer faculty member, or designee. CE staff members are not committee members unless they have had an active part in planning the conference. Interprofessional activities should include representatives for each profession in the target audience. Pharmaceutical representatives should not be listed as committee members because commercial companies should not have influence over the activity's content. Please submit the names and email addresses of all planning committee members. Please also submit the minutes from planning meetings.

SPEAKERS

Please submit all names, complete mailing addresses, and email addresses for your speakers. If your speaker has not been confirmed yet, please indicate so. Having an unconfirmed speaker does not prohibit you from applying for CME credit.

OTHERS IN A POSITION TO CONTROL CONTENT

Please submit the names and email addresses for all individuals in a position to control the content of your activity, even if they are neither speakers nor on the planning committee. These individuals may include, but are not limited to, authors, content reviewers, editors, and staff depending on the process used to develop your activity.

POST-TESTS

The CE Office can provide anonymous post-tests online through the CE website. The educational provider is responsible for submitting all questions and an answer key along with the passing score (e.g. 80%) a minimum of two weeks prior to the activity. All questions must be multiple choice or true/false. All attendees will be required to pass the post-test in order to receive the CME Activity Code.

ONLINE REGISTRATION

Many courses have a pre-registration requirement. Online pre-registration is available through the CE website. If you select "yes" on your application, the CE Coordinator will contact you to go over the process and how registration fees (if any) will be handled. You will be sent the direct link to your course's registration page to use on your website.

The fee for the use of this service will be established on a case by case basis. Criteria for determining the fee may include, but is not limited to, who the joint provider is, whether or not there is commercial support, and the size and scope of the activity; however, the fee for this service (if any) is mainly dependent on whether or not registration fees will be processed by WMed.

This service is not available for RSS.

CONFERENCE PLANNING SERVICE

The CE Office is available to assist in the planning and implementation of courses. This may include brochure production and mailing/advertising, program preparation, pre- and on-site registration, fiscal functions, and hotel negotiations. This service is not available for RSS.

The fee for the use of this service will be established on a case by case basis. Criteria for determining the fee may include, but is not limited to, who the educational provider is, whether or not there is commercial support, and the size and scope of the activity.

If you indicate that you wish to use this service, the CE Coordinator will contact you to go over details, fees, and to begin the planning process.

BROCHURE/FLYER/INVITATION

Rough Draft: A rough draft must be reviewed by the CE Office prior to printing and distribution. The rough draft is not the proof from the printer; it can be as simple as hand written updates to previous versions or MS Word documents, etc.

Final Copy: Do not print the final copies of your materials until CME credit is approved and you receive notification from the CE Office.

Logo: You may not use the WMed logo without our written permission.

Objectives: The defined Educational Objective(s) must be clearly stated in the brochure/flyer/invitation.

Front Cover of Brochure: By applying for CME credit you are asking WMed to become a joint provider of the conference. As such, appropriate credit must be included recognizing WMed as the CME provider using the long form of our name (Western Michigan University Homer Stryker M.D. School of Medicine).

Examples:

- CME credit provided by Western Michigan University Homer Stryker M.D. School of Medicine
- 5.5 hours of *AMA PRA Category 1 Credits™* provided by Western Michigan University Homer Stryker M.D. School of Medicine

Please note that *AMA PRA Category 1 Credits™* is trademarked. At any time it is used, it must be italicized and followed by the trademark symbol (™).

Prohibited: Statements such as “CME credit has been applied for” or “CME credit pending” on the brochure or other conference promotional materials is prohibited.

Accreditation & Credit Designation Statement: The following statement must be included on the brochure/flyer/invitation/internet:

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 Western Michigan University Homer Stryker M.D. School of Medicine and [name of non-accredited provider]. Western Michigan University Homer Stryker M.D. School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Western Michigan University Homer Stryker M.D. School of Medicine designates this live activity for a maximum of ____ *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Your approval letter will include a copy of the accreditation statement exactly as it should appear on the brochure/flyer/invitation/internet for your activity. You may use the above in creating

your draft brochure/flyer/invitation/internet, but you should use what is included in your approval letter for the final brochure/flyer/invitation/internet.

APPLICANT

Commercial Interests are prohibited from applying for CME credits.

CONTENT VALIDATION

Accredited CME is accountable to the public for presenting clinical content that supports safe, effective patient care. Patient care recommendations made during CME activities must be accurate, reliable, and based on scientific evidence. Clinical care recommendations must be supported by data or information accepted within the profession of medicine. Specifically:

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

INCOMPLETE APPLICATIONS

You must answer all questions on the application and send all required attachments. Incomplete applications will be returned and will not be reviewed for CME approval until they are completed.

REQUEST FOR MORE INFORMATION

Upon initial review, more information may be requested to support your practice gap analysis or needs assessment. You will receive an email with specific questions. Your application will be kept on file. In providing the additional information requested, you should type it as an addendum to your initial application. You do not need to submit a new application.

UPON APPROVAL

If the application is approved by the CE Director or CE Committee, the CE Office will notify the applicant via an approval form. On the approval form it will state the number of credit hours the activity is approved for as well as any stipulations of the approval. CME credit can be withdrawn if you do not comply with the policies in this application or the stipulations on the approval form. After the application is approved, the applicant will be expected to follow through with all aspects of the Conflict of Interest policy.

Important Note:

The WMed CE Office reserves the right to revoke credit at any time, including after an activity has occurred, should the activity and its planners fail to comply with these policies and any additional requirements listed in the approval form.

DISAPPROVAL

If your application is not approved, you will receive written notification and a refund of your application fee.

WITHDRAWAL OF APPLICATION

If the applicant withdraws the application then a 50% refund of the application fee will be made.

NONCOMPLIANCE

Failure to comply with CE policies/procedures could result in denial or withdrawal of approval.

EVALUATIONS & CERTIFICATES OF ATTENDANCE

The CE Office will provide all evaluation forms online through the CE website. In order for physicians to receive credit for attending a conference they must complete the CME evaluation form. Evaluation forms are available to attendees from the time your activity begins until 30 days after your activity ends.

CME Activity Codes:

Each evaluation form has an associated CME Activity Code. This code acts as an electronic sign-in sheet and is required to access the evaluation form. You are responsible for distributing this code to your attendees.

For Courses:

For one-time activities, there is a single CME Activity Code. It will be sent once all disclosure forms are received and any COI have been resolved.

For RSS:

Each individual meeting of an RSS has a unique CME Activity Code. You are required to submit details about each meeting a minimum of two (2) weeks in advance. Once that information has been received, the CME Activity Code(s) will be emailed to you.

Post-Test Exception:

If using the CE Office's online post-test system, you will not be given a code to distribute. Direct your attendees to the CE website's Post-Test page. Upon passing the post-test, attendees will then receive the CME Activity Code and be redirected to the evaluation form log-in page.

Location of Evaluation Forms:

Attendees must complete an evaluation form in order to receive CME credit. These evaluations are done electronically through the WMed website. They can be accessed by going to <http://cmetracker.net/WMUMED/Login?FormName=getCertificate>. The online evaluation form is available starting at the beginning of the CME activity and for 30 days following. Once the form has been submitted, the attendee is taken to a page where they attest to the number of hours they attended, after which a certificate of attendance is generated that they may choose to print or save for their records. After the evaluation has closed, the CE Office will email the joint provider a copy of the evaluation report.

Alternate Routes to the Evaluation Forms

- From the CME page (<http://med.wmich.edu/education/cme>): Click on "Evaluation Forms".
- From the WMed home page (<http://med.wmich.edu/>): Click on "Education", "CME" and then "Evaluation Forms". Alternatively, click on "Quick Links", "CME", and then "Evaluation Forms".

TRACKING CREDITS

WMed tracks credits earned by doctors who attend activities WMed approves for CME, and these records are kept for six years. Nurses, physician assistants, or other attendees may also use our online system to maintain a record of their attendance, but they will not receive *AMA PRA Category 1 Credits*[™].