



CMS Application for Accreditation as a Provider of Continuing Medical Education

Self Study Report Outline

Revised December 2017

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Overview and Background Information

Please read over this entire document prior to beginning your self-study application

Conducting Your Self Study

The self-study process provides an opportunity for the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the *Self Study Report* is specified by the Colorado Medical Society (CMS), but the process of conducting a *self-study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process.

Resources to Support CMS Accreditation Process

The accreditation process is facilitated by your use of documents and completion of forms available on www.cms.org. Please click on **Continuing Medical Education**, then **CME Accreditation for institutions** and then **Accreditation Application Materials for CME Providers** for documents and forms required to complete this application:

1. Application for Accreditation (this document)
2. Organizational Form or Multi-organizational Form
3. CMS Handbook for Medical Educators*
4. Structured Abstract
5. Preferred Dates Form

*The handbook contains the text of the CME Criteria, accreditation policies, and the Standards for Commercial Support as well as other important information pertaining to CMS accreditation system.

Data Sources Used in the Accreditation Process

CMS accreditation process is an opportunity for each provider to demonstrate that its practice of CME is in compliance with the accreditation requirements through three primary sources of data about the provider's CME program:

1. **Self Study Report:** Providers are expected to *describe* and provide two *examples* of their CME practices in the report. **When describing a practice**, you are offering a narrative to give the reader an understanding of the CME practice(s) related to a criterion or policy. **When asked for examples** of CME practice, CMS expects to see documentation — actual documents/materials that demonstrate the *implementation* of the practice that was described (not blank forms).
2. **Performance-in-Practice Review (activity files review):** Providers are asked to verify their CME activities meet the ACCME Accreditation Criteria through the file documentation review process. Select files will be shipped to CMS with the CME application binders. For **reaccreditation**, CMS will select up to 12 activities for which the provider will be expected to provide evidence of performance-in-practice for documentation review. Please use the Activity File Structured Abstract form to prepare your files.
3. **Accreditation Interview:** The interview (survey) presents an opportunity to describe and provide clarification, as needed, on aspects of practice described and verified in the self-study report or activity files.

Expectations about Materials

The materials submitted to CMS, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

IMPORTANT: Materials submitted for accreditation (Self Study Report, activity files, other materials) must not include individually identifiable health information, in accordance with the **Health Insurance Portability and Accountability Act (HIPAA)**.

About the Survey

The representatives of Colorado Medical Society who will conduct your survey are information seekers and data collectors during the accreditation process. Consultation can take place after the survey, but will not affect the accreditation findings and decisions. The survey team will consist of at least two individuals; a physician member of the CPEA and CMS staff, Director of CME.

The Colorado Medical Society CPEA will choose the survey method. For **initial applicants**, a site survey will be conducted at the organization applying for accreditation. A CME or “mock” CME activity must be available for viewing by the survey team as part of the site survey. For those applying for **re-accreditation**, CMS preferred method is a site survey, but in some cases a teleconference or videoconference may be necessary.

The Accreditation Decision

CMS Committee on Professional Education and Accreditation meets quarterly in February, May, August and November. All surveys completed at least two weeks before a meeting will be reviewed at the next meeting. Following discussion of all available information and points of view, the Committee takes action. The CME office will notify you of the decision by letter within approximately two weeks.

Accreditation Levels and Terms

CME providers can eventually achieve **three levels** of accreditation, each of which has an associated set of criteria. Level 1 requires compliance with eight criteria and is the basic, entry-level set of criteria that all new applicants must achieve in order to be granted the status of “Provisional Accreditation” for a term of 2 years. Level 2 requires compliance with level 1 criteria plus four additional criteria, which must also be met by accredited providers in order to maintain their status of “Full Accreditation” for a period of 4 years. Level 3 requires compliance with level 2 criteria plus additional commendation criteria in order to achieve “Accreditation with Commendation” for a period of 6 years. Criteria and commendation criteria can be found in the ***Handbook for Continuing Medical Educators***, which should be used in conjunction with this application.

Confidentiality

The Colorado Medical Society and its representatives will hold the content of this application in confidence. Data for statistical and/or research purposes may be collected from responses to certain questions. Responses to application questions that could be identified with your organization will never be released or published without your prior permission. It will not be released or published in any form in which specific responses could be identified with your organization.

Self-Study Report Outline/ Application for Accreditation

I. Introduction

A. **Organizational Information Form** (electronic form can be found on www.cms.org or by calling CMS at 720-858-6326).

B. **Self Study Report Prologue**

1. Provide a brief history of your CME Program:
2. Leadership of program:

Describe the leadership and structure of your CME Program. Include the names of individuals serving on your CME committee and their role. If possible, please provide CME committee minutes from the last 12 months.

II. Purpose And Mission (Criterion 1)

A. **Attach your CME mission statement.** Highlight the expected results of the program articulated in terms of changes in competency, and/or performance, and/or patient outcomes

III. Educational Planning (Criteria 2-7, SCS 1, 2, 6) and ACCME SCS

The next set of items is designed to gather step-by-step information on your educational planning process. Describe the following components of your CME planning process. *The italics following the questions are simply to assist/guide you with your answers.*

- A. **How do you identify the practice gaps of your learners?** (C2). *Tell a brief “story” to include people/departments/committees involved; gap sources used such as regulatory, national, local; processes, etc.:*
- B. **How do you determine the educational needs of your learners (knowledge, competence or performance) that underlie the practice gaps?** (C2). *What method(s) do you employ to find out why health care problems exist?:*
- C. **What are your activities designed to change: competence, and/or performance, and/or patient outcomes?** (C3). *Expand on expected results listed in your mission statement:*

NOTE: Questions D and E are optional for initial applicants.

- D. **What educational formats (i.e., activity types and methods) do you use and why do you use them?** (C5). *Give examples of why certain formats such as lecture, panels, RSS, PI CME, simulation, workshops, etc. are appropriate for the setting, objectives and desired results of your activities:*
- E. **How are your activities planned within the context of desirable physician attributes?** (e.g., ABMS/ACGME Competencies, IOM Competencies – [see Educators Handbook](#)). (C6). *How do you ensure that a competency is being considered while planning your activities?:*
- F. **How does your organization ensure independence from commercial interests throughout the planning process including: a. identification of needs; b. the determination of educational objectives; c. the selection and presentation of content; d. the selection of all persons and organizations in a position to control the content; e. the selection of educational methods, and f. the evaluation of the activity?** (C7). *Refer to the ACCME Standards for Commercial Support (SCS)1 found in the Educators Handbook if needed. Is your organization in control of your content? Who makes decisions regarding the above planning components? Are representatives of commercial interests excluded from being in control?:*

- G. Describe the mechanism(s) your organization uses to ensure that everyone in a position to control educational content (speakers, authors, reviewers, planners, CME committee members and others in control of content) has disclosed to your organization relevant financial relationships with commercial interests. Include in your description your organization’s mechanism(s) for disqualifying individuals who refuse to disclose. (C7). Refer to the ACCME Standards for Commercial Support (SCS) 2.1, 2.2 found in the Educators Handbook if needed:**
- H. Describe the mechanism(s) your organization uses to identify and resolve conflicts of interest prior to an activity. (C7). Refer to the ACCME Standards for Commercial Support (SCS) 2.3 found in the Educators Handbook if needed. What is your method? Who reviews disclosures? Who determines if there is a conflict of interest? How do you resolve conflicts of interest?:**
- I. Describe your organization’s process(s) and mechanism(s) for disclosure to the learners prior to the activity of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, if applicable. Include “in-kind” support, if applicable. C7. Refer to the ACCME Standards for Commercial Support (SCS) 6.1-6.5 found in the Educators Handbook if needed. How, where and when do you disclose financial relationships (or none) of all those in control of content and commercial support received (if applicable) to the learners? Explain how disclosure to learners is done for all activity formats that you use such as enduring materials, regularly scheduled series, webcasting, etc.:**

- **Pick two activity examples that illustrate your described planning process. For each activity example, explicitly identify and/or describe:**

1. The problem, or professional practice gap the activity was addressing (C2)
2. The educational need that was underlying this gap for your learners (C2)
3. What the activity was designed to change (competence, performance, or patient outcomes) (C3)
4. Format of the activity (C5) (not req. for initial applicants)
5. The desirable physician attribute associated with the activity (C6) (not req. for initial applicants)
6. That all persons in control of content disclosed financial relationships to your organization (C7, SCS 1)
7. The mechanism/description of the identification and resolution of any conflicts of interest (C7, SCS 2)
8. Disclosure of financial relationships of all those in control of content prior to the beginning of the activity to learners (C7, SCS 6)
9. Disclosure of commercial support (if applicable) to learners (C7, SCS 6)

- **Describe the mechanism your organization uses to verify physician participation for six years from the date of your CME activities:**
- **Include one example that demonstrates your practice to verify physician participation.**

IV. Educational Planning and Policies for ACCME Standards for Commercial Support – Management of Funds, Separation of Promotion from Education (Criteria 8 & 9)

- A) Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (C8) Refer to Standards for Commercial Support 3.7-3.8:**
- B) Describe what policy, procedure, or communications you employ to ensure that no direct payment from an ACCME-defined commercial interest is given to the director of**

an activity, any planning committee members, teachers or authors, joint sponsor, or any others involved in an activity. (C8). Refer to Standards for Commercial Support 3.9:

- C) Describe your process/procedures for the receipt and disbursement of commercial support (both funds and in-kind support). (C8) – or enter here, “We do not accept commercial support for any of our directly or jointly sponsored CME activities.” Refer to Standards for Commercial Support 3.1-3.6; 3.10; 3.12 in the Educators Handbook. *Include in your description:* decisions regarding commercial support (CS); accepting advice or services as a condition for CS; that all commercial support is given with your organization’s full knowledge and approval; policy on written agreements; commercial support is not used to pay expenses for non-faculty; expenses for faculty are paid for their teacher role only when they are a participant of a CME activity:
- D) Describe the practices or procedures or policies you have implemented to ensure social events, or meals, at commercially supported CME activities cannot compete with or take precedence over educational events. (C8) – or enter here, “We do not accept commercial support for any of our directly or jointly sponsored CME activities or enter here, “We do not provide social events or meals for any of our directly or jointly sponsored and commercially supported CME activities.” Refer to Standards for Commercial Support 3.11 in the Educators Handbook:
- E) Do you organize *commercial exhibits* in association with any of your CME activities? If “No,” write in this section, “We do not organize *commercial exhibits* in association with any of our CME activities.” If yes, describe how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (C9) Refer to Standards for Commercial Support 4.1 in the Educators Handbook:

Do you arrange for *advertisements* in association with any of your CME activities? If “No,” write in this section, “We do not arrange for *advertisements* in association with any of our CME activities.” If yes, describe how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (C9) Refer to Standards for Commercial Support 4.2-4.4 in the Educators Handbook:

V. Educational Planning: ACCME Standards for Commercial Support - Balanced Content, Criterion 10 and Policy on Content Validation

- A. Describe the planning and monitoring your organization uses to ensure that:
- (1) The content of CME activities does not promote the proprietary interests of any commercial interests. (i.e. there is not commercial bias)
 - (2) CME activities give a balanced view of therapeutic options. Refer to Standards for Commercial Support 5.
 - (3) The content of CME activities is in compliance with the ACCME’s policy on content validation. (See Policy on Content Validation below*)

*ACCME’s Policy on Content Validation: 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. 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.

Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

VI. Essential Area 3: Evaluation and Improvement (Criteria 11-13)

- A. Based on data and information from your program's activities, provide your analysis of changes achieved in your learners' competence, performance, or patient outcomes. (C11)** *It is important to show that you have a process in place that allows you to reflect on the data/results from your activities to determine the impact on change. (Actual change is not required, only measurement and analysis). Do you gather evaluation results or other forms of data/information and does the CME committee reflect on this data or information, and draw conclusions about it? The following is just an example and does not imply that your response should look the same.*

(Example: "We found for our grand rounds in 2012 and 2013 that 65% of our attendees reported a new strategy they will apply to practice, showing changes in competence. As a result of our cardiology RSS, the quality data shown below, shows improvements in the core measures highlighted for 2013 reflecting changes in performance."

- B. Based on data and information gathered, provide your program-based analysis on the degree to which the expected results component of your CME mission has been met through the conduct of your CME activities (C12):** *(looking at your data/information gathered and reported in criterion 11, how well did you meet (or not) the expected results of your mission statement?:*

NOTE: The following question C is optional for initial applicants.

- C.** Describe the needed or desired changes that have been identified, planned and implemented in your overall program (e.g. planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on your ability to meet your CME mission. (C13):

CRITERIA FOR ACCREDITATION WITH COMMENDATION

NOTE: The following pages of this outline include the instructions for submitting evidence to demonstrate compliance with the Criteria for Accreditation with Commendation. Providers receiving accreditation decisions through November 2019 may choose Option A or Option B.

Option A includes seven criteria (Criteria 16-22) that demonstrate engagement with the healthcare environment.

Option B provides a menu of 16 criteria (Criteria 23-38) from which providers must select and present evidence for eight criteria (including at least one from “Achieves Outcomes”).

NOTE: If your organization intends to seek Accreditation with Commendation, you have the option of demonstrating compliance with either Option A (Criteria 16-22) or Option B (Menu of Criteria 23-38). Please choose Option A or Option B and describe/demonstrate your compliance with the applicable criteria (or Menu of Criteria).

VII. OPTION A: Engagement with the Environment (Criteria 16-22)

- A. If your organization integrates CME into the process for improving professional practice, describe how this integration occurs. Include examples of explicit organizational practices that have been implemented. (C16):
- B. If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, describe the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include examples of non-education strategies that have been implemented. (C17):
- C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, describe those factors. Include examples of identifying factors outside of your organization’s control that will have an impact on patient outcomes. (C18):
- D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, describe these strategies. Include examples of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19):
- E. If your organization is engaged in collaborative or cooperative relationships with other stakeholders, describe these relationships. Include examples of collaboration and cooperation with other stakeholders. (C20):
- F. If your CME unit participates within an institutional or system framework for quality improvement, describe this framework. Include examples of your CME unit participating within an institutional or system framework for quality improvement. (C21):
- G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, describe organizational procedures and practices that support this. Include examples of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22):

VIII) OPTION B: Menu of New Criteria for Commendation (Select Eight from Criteria 23-38)

(If your organization chooses Option B, you must demonstrate compliance with any seven criteria from any category—plus one criterion from the Achieves Outcomes category—for a total of eight criteria. Please do not include descriptions/evidence for more than eight criteria.) See Menu grid in Handbook for more information.

CATEGORY: Promotes Team-Based Education

(C23) If your organization engages members of inter-professional teams in the planning and delivery of inter-professional continuing education, please:

A) Attest: Include the following statement, with the name of your organization and the individual responsible for your CME program.

On behalf of [organization name], I attest that our organization has met the Critical Elements for Criterion 23 in at least 10% of the CME activities (but no less than two activities) during the accreditation term. [INDIVIDUAL NAME, title]

B) Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8)¹

For each example activity you present, please provide the name/date/type of the activity and describe the professions of the planners and faculty, as well as a brief description of what the activity was designed to change in terms of the competence or performance of the healthcare team (maximum 250 words per example).

(C24) If your organization engages patient/public representatives in the planning and delivery of CME, please:

A) Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program.

On behalf of [organization name], I attest that our organization has met the Critical Elements for Criterion 24 in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

B) Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8)

For each example activity you present, please provide the name/date/type of the activity and describe in what way the planners and presenters of the activity represent the patient or public, along with the role they played in the planning/presentation of your CME activity (maximum 250 words per example).

(C25) If your organization engages health professions' students in the planning and delivery of CME, please:

A) Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for Criterion 25 in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

B) Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the health professions' students involved in the activity, including their profession and level of study (e.g. undergraduate medical students, nurse practitioner students, residents in general surgery) and how they participated as both planners and faculty of the activity (maximum 250 words per example activity).

¹ Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

CATEGORY: Addresses Public Health Priorities

(C26) If your organization advances the use of health and practice data for healthcare improvement, please **submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

A) Describe how your organization incorporates health and practice data into your educational program through teaching about the collection, analysis, or synthesis of health/practice data AND how your organization uses health/practice data to teach about healthcare improvement.

B) Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each activity you present, please provide the name/date/type of the activity and for each activity, describe how the activity taught learners about collection, analysis or synthesis of health/practice data and how the activity used health/practice data to teach about healthcare improvement (maximum 250 words per activity description).

(C27) If your organization addresses factors beyond clinical care that affect the health of populations, please:

A) Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for Criterion 27 in at least 10% of the CME activities (but no less than two) reported during the accreditation term. [INDIVIDUAL NAME, title]

B) Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the strategy or strategies used to achieve improvements in population health (maximum 250 words per example).

(C28) If your organization collaborates with other organizations to more effectively address population health issues, please describe four collaborations with other organizations during the current term of accreditation and show how these collaborations augmented your organization's ability to address population health issues (maximum 250 words per collaboration).

CATEGORY: Enhances Skills

(C29) If your organization designs CME to optimize communication skills of learners, please submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the elements of the activity that were designed to improve communications skills. In addition, please describe the evaluation of communications skills used for learners in this activity (maximum 250 words per example). For each activity, **attach an example** of the formative feedback provided to a learner about communication skills (this may be a written description if the feedback was provided verbally).

(C30) If your organization designs CME to optimize technical and procedural skills of learners, please submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity. Describe the elements of the activity that addressed technical or procedural skills and how you evaluated the observed technical or procedural skills of the learners (maximum 250 words per example). For each activity, **attach an example** of the formative feedback provided to a learner

about technical or procedural skills. This may be a written description if the feedback was provided verbally.

(C31) If your organization creates individualized learning plans for learners, please submit evidence of repeated engagement and feedback for the number of learners that matches the size of your CME program, as stated in the Standard (small: 25; medium: 75; large: 125; extra-large: 200).

Please **provide a description** of the types of individualized learning plans that you have offered (maximum 250 words).

(C32) If your organization utilizes support strategies to enhance change as an adjunct to its CME, please:

A) Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for Criterion 32 in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

B) Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the support strategy(s) that were adjunctive to this activity. Provide your analysis of the effectiveness of the support strategy(s) and describe planned or implemented improvements (maximum 250 words per example).

CATEGORY: Demonstrates Educational Leadership

(C33) If your organization engages in CME research and scholarship, please:

A) Describe at least two scholarly projects your organization completed during the accreditation term relevant to CME and the dissemination method used for each one (e.g. poster, abstract, manuscript) (maximum 250 words for each project).

B) For each project described above, **submit as an attachment**, the project itself (e.g. poster, abstract, presentation, manuscript).

(C34) If your organization supports the continuous professional development of its CME team, please describe your organization's CME team, the CPD needs that you identified for the team during the term of accreditation and the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated (maximum 500 words).

(C35) If your organization demonstrates creativity and innovation in the evolution of its CME program, please present four examples of innovations implemented and describe each innovation and how it contributed to your organization's ability to meet your mission (maximum 250 words per innovation).

CATEGORY: Achieves Outcomes (at least one required)

(C36) If your organization demonstrates improvement in the performance of learners, please:

A) Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for Criterion 36 in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

B) Describe the method(s) used to evaluate learner performance (maximum 500 words).

C) Submit evidence for the number of activities that match the size of your CME program, (small: 2; medium: 4; large: 6; extra-large: 8).

For each example include the following information:

1. Activity title
2. Activity date
3. Activity type
4. Mechanism to determine change in performance of learners
5. Number of learners that participated in the activity
6. Number of learners that participated in the evaluation
7. Number of learners that improved their performance

(C37) If your organization demonstrates healthcare quality improvement related to its CME program please:

A) Describe at least two examples in which your organization collaborated in the process of healthcare quality improvement, along with the improvements that resulted (maximum 500 words per collaboration).

B) Attach data (qualitative or quantitative) that demonstrates those improvements.

(C38) If your organization demonstrates the impact of its CME program on patients or their communities, please:

A) Describe at least two examples of your organization's collaboration in the process of improving patient or community health that includes CME, along with the improvements that resulted (maximum 500 words per collaboration).

B) Attach data (qualitative or quantitative) that demonstrates those improvements.

Structure Requirements for the Self Study Report

The Self Study Report must be organized using numbered divider tabs (your own) to separate the content of the report in the seven sections outlined below. This outline must also be used as the basis for a required Table of Contents. Include on the Table of Contents the page numbers of the narrative and attachments for each section.

Introduction

- I. Purpose and Mission (C1)
- II. Educational Planning (C2-7) and Policies
- III. Program Policies (C8 & 9)
- IV. Content Validation (C10)
- V. Evaluation and Improvement (C11-C13)
- VI. Engagement with the Environment: (C16-C22) or (23-38)

Format Requirements for the Self Study Report

1. **Provide required narrative and attachments** for each item indicated on the Self Study Report outline.
2. **Put attachments at the end of the appropriate section of the report.** Do not put them all at the back of the entire report or intersperse them throughout the narrative.
3. **Behind the “Introduction” tab**, include the demographic Organization Form found at www.cms.org under accreditation materials.
4. **Include a table of contents** that follows the Self Study Report outline as published in this document, listing the page numbers of each narrative item and attachment of the report.
5. **Consecutively number each page** in the binder including the attachments. The name (or abbreviation) of your organization must appear with the **page number on each page**.
6. **Type with at least 1” margins** (top, bottom and sides), using **11 point type or larger**.
7. **Do not use plastic sleeves** for single pages or multi-page documents (i.e. brochures, handouts, etc). Copy pertinent excerpts to standard paper for inclusion in the binder.
8. **Use a three-ring binder no wider than two inches** to hold the Self Study Report.
9. **Prepare three copies** of the Self Study Report for submission to CMS. Keep copies for use during your interview.
10. **Prepare one electronic copy** of the Self Study Report narrative and attachments (in addition to the binders), **as a single PDF file on either a CD-ROM or flash drive.**

Failure to adhere to the submission requirements may result in the return of your Self Study Report, delay in the accreditation process, additional fees, and possible consequences for your accreditation status.

Review of Performance-in-Practice (Activity Files) Requirements & Instructions

The Process for Selecting Activities for Review

All CME providers will submit a list of CME activities to the Colorado Medical Society **60 days prior to the self study application due date** as indicated on the instructions and timeline previously sent to you. This is the same date your Preferred Survey Dates form is due. Upon receipt of the list, CMS notifies providers via email of the activities selected for review. They represent a sample from 1) across the years of your accreditation term; and 2) among the types of activities that are produced. *If your organization produces enduring materials, journal CME, or internet CME activities, providers are also expected to submit the CME product from the activities chosen for performance in practice review.* These products will be reviewed for compliance with ACCME/CMS policies specific to their activity format.

For initial applicants: your organization will identify at least two completed CME activities that have been planned, implemented, and evaluated within the last 24 months (as described in the pre-application). In addition to the file review, the initial applicant must have an activity review by a CMS surveyor, prior to a four-year accreditation term being awarded.

Submit Evidence Using the Structured Abstract

The Performance in Practice Structured Abstract may be downloaded from the CMS website: www.cms.org under the accreditation materials link. Using the Structured Abstract, you will complete text-limited fields, tables, and attach evidence that verifies the activity meets CME requirements.

Assembling an Activity File

1. Evidence for each activity selected must be submitted in an 8 ½" by 11" file folder; do NOT submit evidence in binders. Leave pages loose, do not staple or bind.
2. Affix a label on the front cover of the file folder that specifies:
 - Full name of organization (no acronym)
 - Activity title as it appears on the CME Activity List
 - Activity date and location as it appears on the CME Activity List; any variation must be explained
 - Type of activity (Your only choices are Course, Internet Activity Live, Internet Activity Enduring Material, Enduring Material, Journal CME, Journal-based Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Learning from Teaching, Internet Searching and Learning, or RSS)
 - Directly or jointly sponsored activity
 - If commercial support was accepted.

Enclose the CME Product for Enduring Material

Please submit the **CME product** in its entirety for each **Internet, journal-based and/or enduring material CME activity** selected.

For Internet activities provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access on an archived web site. If surveyors have difficulty accessing the activities or finding the required

information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs and passwords must be made available for the duration of your organization's current accreditation review.

Submitting Materials to CMS

- Please send the following materials to CMS:
 - (1) Three Self Study Report binders
 - (2) One electronic copy of the Self Study Report as a single PDF file on either a CD-ROM or flash drive if possible, include all activity files, and paginated
 - (3) **One** set of the requested activity files hard copy
 - (4) One copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected
- Activity files will **not** be returned.
- Retain a duplicate set of materials for the interview.
- **Enclose your survey fee** of \$500 for reaccreditation survey or \$700 for initial survey. Out of State providers please contact the CME office for the appropriate fee schedule.

**Send materials and survey fee to:
Colorado Medical Society
7351 Lowry Boulevard, SUITE 110
Denver, CO 80230-6902
Attention: CME Office**