



Within the accreditation process NMA *verifies* that a provider meets the accreditation expectations *in practice* through a review of materials used in the planning and implementation of individual CME activities or groups of activities and materials used in the administration of a CME program. Providers are asked submit verification that their CME program meets the ACCME's 2006 Accreditation Criteria through the documentation review process.

Affix these labels to information that verifies that this activity meets the NMA' requirements.

See **Instructions for Submitting Your Performance in Practice** for more information. Please identify within each example where the fulfillment of these requirement is demonstrated.

The **activity topics/content** (e.g., as published in an agenda, brochure, program book, or announcement)

C2
The professional practice gap(s) of our own learners that the activity was based on..

C2
The need (knowledge, competence or performance) underlying the professional practice gap(s).

C3
Activity was designed to change physician competence, performance, or patient outcomes.

C4
Activity matched the learners' current or potential scope of professional activities.

C5
Educational format(s) are appropriate for the setting, objectives, and desired results of the activity.

C6
Activity was developed in the context of desirable physician attributes (e.g., IOM competencies, ACGME competencies).

C7
A list of all individuals in control of content of CME activity and specify their role (e.g., planner, faculty, reviewer).
(SCS 2.1)

C7
Relevant financial relationships that individuals in a position to control the content of CME disclosed to the provider.
(SCS 2.1)

C7
Verification of the implementation of our mechanism(s) to identify and resolve conflicts of interest prior to the start of the activity.
(SCS 2.3)

C7
Verification that disclosure of relevant (or no) financial relationships was made to learners prior to the beginning of the activity. **(SCS 6.1-6.2, 6.4-6.5)**

C7
THIS WAS A COMMERCIALY SUPPORTED ACTIVITY -
Disclosure of source of commercial support was made to learners prior to activity.
(SCS 6.3-6.5)

C8
Income and expense statement for the activity, including the receipt and expenditure of commercial support.
(SCS3.13)

C8
THIS WAS A COMMERCIALY SUPPORTED ACTIVITY -
List of all commercial supporters for the activity.
(SCS 3.4-3.6)

C8
THIS WAS A COMMERCIALY SUPPORTED ACTIVITY -
All signed written agreements.
(SCS 3.4-3.6)

C11
The data or information generated from this activity about changes in learners' competence or performance or patient outcomes achieved.

NMA Policy
The accreditation statement as produced in activity materials.

Note: If the activity for which you are labeling evidence is an Enduring Material, Journal, or Internet CME Activity, you are also required to demonstrate that the activity is in compliance with the NMA Policy that is specific to its activity type. Please refer to the specific policies for each activity type on www.nebmed.org and be sure to **show** how your Enduring Material, Journal, or Internet CME Activity complies with the applicable policy. You are required to submit the CME product for these types of activities if they are selected for documentation review. Please use labels, arrows, highlighting, or other methods to make explicit **where** in the activity there is evidence of compliance.

NOTE: If, in any of the selected activities, there is evidence of your organization's practices that are consistent with the Level 3 Engagement Criteria (C16-C22), attach this evidence to a cover sheet identifying the applicable criteria and include it in the activity file. Each file should still conform to NMA's formatting requirements.