



Nebraska
Medical
Association

Advocating for Physicians and the Health of all Nebraskans

INITIAL CME ACCREDITATION PRE-APPLICATION

The purpose of the pre-application is to provide NMA with information necessary to determine if your organization is eligible and verify that mechanisms are in place for your organization to meet NMA's CME requirements. We ask that you demonstrate that you have mechanisms already in place to fulfill the accreditation requirements in the CME activities that you are producing, or have produced.

Date of Application: _____

Name of Organization: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Chief Executive Officer of the Organization

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Organizational Information

A. Briefly describe what your organization does and who your customers are: _____

B. Please indicate what classification most accurately describes your organization:

- | | | |
|---|--|--|
| <input type="checkbox"/> 501c Non-Profit | <input type="checkbox"/> Blood Bank | <input type="checkbox"/> Diagnostic Laboratory |
| <input type="checkbox"/> For-Profit Hospital | <input type="checkbox"/> For-Profit Nursing Home | <input type="checkbox"/> For-Profit Rehab Center |
| <input type="checkbox"/> Government Organization | <input type="checkbox"/> Group Medical Practice | <input type="checkbox"/> Health Insurance Provider |
| <input type="checkbox"/> Liability Insurance Provider | <input type="checkbox"/> Non-Health Care Related | <input type="checkbox"/> Other (please specify): _____ |

C. Has the organization been accredited before? Yes No

D. Does the organization have a CME mission statement?
 Yes, please attach copy No, please explain: _____

E. Has the organization participated in CME jointly provided activities? Yes No

F. Describe any past CME activities the organization has offered or been involved in: _____

G. Attach an organizational chart that shows the leadership and staff relationships for your CME Program. If your CME program is part of a larger institution, include an organizational chart that shows the position of the CME Program in relation to the institution's overall structure. If no framework currently exists, please attach a proposed plan. To be eligible for NMA accreditation, the organization must have a framework for CME to support its mission.

Organizations are not eligible for NMA accreditation 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.*

H. Describe the nature and scope of the content that you offer or plan to offer through your CME activities: _____

The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. A commercial interest is not eligible for accreditation.

I. Does your organization, or a part of your organization, produce, market, re-sell, or distribute health care goods or services consumed by or used on patients? Yes No

J. Does your organization advocate for an ACCME-defined commercial interest? Yes No

The ACCME defines commercial support as financial or in-kind contributions given by a commercial interest which is used to pay all or part of the costs of a CME activity. The definition of roles and requirements when commercial support is received are outlined in the ACCME Standards for Commercial Support.

K. Will the organization's CME activities receive educational support (financial or in-kind grants or donations) from any company, foundation, institution or society outside of your organization? *Exhibit/display fees do not count as commercial support.* Yes No

L. What type of support will the organization seek for CME activities?

Educational Grants Exhibit/Display Fees In-Kind Support Not Applicable