****

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**  |
| 1. Briefly describe what your organization does and who your customers are:
 |
| 1. Please indicate what classification most accurately describes your organization:
 |
|  [ ]  501c Non-Profit  [ ]  For-Profit Hospital  [ ]  Government Organization [ ]  Liability Insurance Provider  | [ ]  Blood Bank [ ]  For-Profit Nursing Home [ ]  Group Medical Practice[ ]  Non-Health Care Related | [ ]  Diagnostic Laboratory[ ]  For-Profit Rehab Center[ ]  Health Insurance Provider[ ]  Other:       |
| 1. Has the organization been accredited before? [ ]  Yes [ ]  No
 |
| 1. Does the organization have a CME mission statement?

[ ]  Yes, please attach copy [ ]  No, please explain:       |
| 1. Has the organization participated in CME jointly provided activities? [ ]  Yes [ ]  No
 |
| 1. Describe any past CME activities the organization has offered or been involved in:
 |
| 1. 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.*
 |
| 1. 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.*  |
| 1. 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
 |
| 1. 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.*  |
| 1. 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
 |
| 1. What type of support will the organization seek for CME activities?

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