



# PRE-APPLICATION FOR KMA ACCREDITATION

## ORGANIZATIONAL INFORMATION

<b>Name of Pre-applicant organization:</b> <small>(as it should appear on KMA documents)</small>
<b>Chief executive officer of Pre-applicant organization:</b>
Name:
Title:
Address:
Telephone number:
Fax number:
E-mail address:
<b>Individual responsible for CME unit and for the material contained within this Pre-application:</b>
Name:
Signature:
Date:
Title:
Address:
Telephone number:
Fax number:
E-mail address:
<b>Contact person for Pre-application:</b>
Check here <input type="checkbox"/> if the contact person is the same as individual responsible for CME unit.
Name:
Title:
Address:
Telephone number:
Fax number:
E-mail address:

## ELIGIBILITY INFORMATION

Our organization is eligible for KMA accreditation because,	
<input type="checkbox"/> We are a public or private hospital with a recognized medical staff.	
<input type="checkbox"/> We are a state physician membership organization.	
<input type="checkbox"/> We are a state medical specialty society.	
<input type="checkbox"/> We are none of the above, but our CME program content is directed and evaluated by physicians and serves physician learners.	
Type of Organization: Indicate what classification most accurately describes your organization.	
<input type="checkbox"/> Non-Profit (physician member organization)	<input type="checkbox"/> Non-Profit (other)
<input type="checkbox"/> Hospital/Health Care Delivery System	<input type="checkbox"/> Other: (please specify)
<input type="checkbox"/> Government/Military	
Has your organization conducted and completed at least one CME activity (including completing an evaluation of the activity)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <b>(If no, your organization is not eligible for accreditation at this time.)</b>
Do your organization's activities adhere to KMA's definition of CME?*	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <b>(If no, your organization is not eligible.)</b>
Does your organization produce healthcare goods or services?	
<input type="checkbox"/> Yes <b>(If yes, your organization may not be eligible.)</b>	<input type="checkbox"/> No
Is your organization (check one):	
<input type="checkbox"/> A non-profit with 501c status? (ATTACH IRS FORM TO THIS APPLICATION)	
<input type="checkbox"/> A unit within a local, state or the U.S. government?	
<input type="checkbox"/> A provider of clinical health care services directly to patients?	
<input type="checkbox"/> A non-health care related company?	
Does your organization plan to (check one box per line):	
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>participate in joint providership</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>produce enduring materials</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>produce internet-based CME</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>produce journal-based CME</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>receive commercial support</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>produce Regularly Scheduled Series</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>produce manuscript review</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>produce test item writing</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>produce committee learning</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>produce performance improvement</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>produce internet searching and learning</b>
<input type="checkbox"/> does	<input type="checkbox"/> <u>does not</u> <b>learning from teaching</b>

See complete definition at

*\*CME consists of educational activities, which serve to maintain, develop or increase the knowledge, skills and professional performance, and relationships that a physician uses to provide services for patients, the public or the profession. CME content is that body or knowledge and skills generally recognized and accepted by the profession as within basic medical science, clinical medicine and the provision of medical care.*

## ORGANIZATIONAL INFORMATION AND ATTACHMENTS

1. Describe a brief history of your organization. When was your organization created? What does your organization do? Who are your customers?
2. Is your organization an employer of staff?  YES  NO  
If yes, attach the table of contents from your organization's human resources and financial policies or procedures manual. If your organization does not have a policies or procedures manual, attach materials to demonstrate that the human resource, financial affairs and legal obligations are met (for example, organization's bylaws).
3. Attach an organizational chart that shows the structure and staff reporting relationships for the CME Program.
4. If your CME program has annual financial statement, attach a copy here. If not, attach an income and expense statement for your CME program for the last year.

## INDEPENDENCE FROM ACCME DEFINED COMMERCIAL INTERESTS

The KMA/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. Answer yes or no to the following questions.

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
2. Does your organization have a parent company that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients?  
 YES  NO
3. Does your organization have a sister company that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients?  
 YES  NO
4. Does your organization advocate for an ACCME-defined commercial interest?  YES  NO
5. Does your organization have a parent company that advocates for an ACCME-defined commercial interest?  YES  NO
6. Does your organization have a sister company that advocates for an ACCME-defined commercial interest?  YES  NO

## EDUCATIONAL CONTENT

NOTE: Organizations are not eligible for accreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are:

1. Not within the definition of CME, or
2. Known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients

An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for accreditation.

1. Describe the nature and scope of the content that you offer or plan to offer through your CME activities.
2. Accredited providers must demonstrate that all of the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. Briefly describe what documentation you plan to provide to support this statement.
3. Accredited providers must demonstrate that all scientific research referred to, reported, or used in their CME activities in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection and analysis. Briefly describe what documentation you plan to provide to support this statement.

# MECHANISMS TO SUPPORT COMPLIANCE WITH KMA REQUIREMENTS

## MISSION

**Attach** your CME mission statement [Criterion 1].

By using the highlighting tool, indicate on your CME mission statement where you:

1. Describe the **purposes** of the overall CME program,
2. Indicate the **content areas** of the CME effort,
3. Outline the **target audience**,
4. Describe the general **types of activities and services provided**, and
5. State the **expected results** of the program described in terms of changes in competence, OR performance, OR patient outcomes.

Label your CME mission statement **Criterion 1 Mission**

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## PLANNING

**Describe** how you incorporate into your CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of your own learners. Use the following as an outline of your descriptions:

1. *How you identify the professional practice gaps* (for professional practice gaps that are identified in methods other than direct measurement of your own learners -- e.g. national trend data, state level data-- explain how you connect these gaps to your own learners);
2. *How the need(s) that you identify are based on those gaps*; and,
3. *How the need(s) are articulated in terms of knowledge, competence, or performance.*
4. *How you incorporate these needs into activities or a set of activities* [**Criterion 2**]

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**Attach one** sample that shows:

1. The professional practice gap(s) of your own learners that the activity addresses;
2. The **educational need(s)** (knowledge, competence or performance) that you determined was underlying the gap for your learners
3. What competence, performance or patient outcome the activity was designed to change

Label this documentation— **Criterion 2.**

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How are your activities or educational interventions *designed to change either physician competence, **or** performance, **or** patient outcomes?* How will these changes relate to your CME Mission?

**[Criterion 3]**

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Describe the practices that you have in place that demonstrate your organization's CME planning process is independent or free of the control or a commercial interest. [\[Criterion 7 \(SCS1\)\]](#)

Use the following as an outline: (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.

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Describe the mechanism that has been implemented to identify conflict of interest prior to delivery of the educational activity. [\[Criterion 7 \(SCS2\)\]](#)

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Describe the mechanism that has been implemented to resolve conflict of interest prior to delivery of the educational activity. [\[Criterion 7 \(SCS2\)\]](#)

Attach an example of the mechanism your organization uses to collect relevant financial relationship information of everyone in a position to control educational content.

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Describe the information that you plan to provide to the KMA during the accreditation process as your verification that learners have been provided with complete disclosure information- #1-relevant financial relationships of everyone in a position to control the content of your CME or that there is nothing to disclose and #2 commercial support for the CME activity is disclosed. . [\[Criterion 7 \(SCS6\)\]](#)

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Describe your process(es) for the receipt and disbursement of commercial support, both funds and in-kind support (if applicable). Include in your description how you ensure that advice or services related to teachers, authors, participants, or other educational matters, including content, are not conditions of the commercial support (funds or in-kind commercial support). [\[Criterion 8 \(SCS 3.1\)\]](#)

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**A. Attach one** sample that shows how you transmitted information about the presence or absence of relevant financial relationships to learners.

Label this documentation **SCS 6.1**

**B. Attach one** sample that shows how you have disclosed the commercial support for the CME activity to learners in practice.

Label this documentation **SCS 6.3**

**C. Attach one** completed Letter of Agreement (signed by both parties as outlined in SCS 3.6) that demonstrates appropriate management of commercial support (if applicable). **Note:** SCS3.6 requires both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Label this documentation **SCS 3**

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## EVALUATION

What process(es) do you use to analyze the changes in your learners' competence, OR performance, OR patient outcomes related to your program's activities or educational interventions?

[**Criterion 11**]

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How do you determine the degree to which your CME Mission has been met as a result of your CME activities or educational interventions? [**Criterion 12**]

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# YOU HAVE COMPLETED THE PRE-APPLICATION

Sign and submit this Pre-Application to the KMA. Before KMA will move forward with the process for your organization, your intentions, understanding and commitment to abide by KMA's expectations must be confirmed. Please read carefully each of the following confirmation statements and use an X as your attestation. Check that all sections are completed and all attachments provided. Pre-Applications will not be processed unless all materials and information are provided. Pre-Applications will not be returned. Your organization will be notified that the submission was successful, incomplete or unsuccessful.

- We understand and attest that our organization must plan, implement and evaluate at least two CME activities within the 24 month period prior to the initial accreditation interview.
- We understand and attest that our organization's activities adhere to the ACCME definition of CME and content validation policy found at [www.accme.org](http://www.accme.org)
- We understand and attest that by virtue of submitting a self-study report for accreditation and paying the accreditation fees to KMA that our organization agrees to follow all relevant policies and procedures.
- We attest that all the materials submitted to the KMA in any format will not contain any untrue statements, will not omit any necessary material facts, will not be misleading, will fairly present the organization, and are the property of the organization applying for accreditation.

**Organization:** \_\_\_\_\_

**Name of CEO:** \_\_\_\_\_

**Signature of CEO:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of CME Contact:** \_\_\_\_\_

**Signature of CME Contact:** \_\_\_\_\_ **Date** \_\_\_\_\_