

**Documentation Review Form Questions for 2025 Cohorts**

**ALL CRITERIA, STANDARDS & POLICIES**

***EDUCATIONAL PLANNING AND EVALUATION***

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## [**EDUCATIONAL NEEDS**](https://www.accme.org/accreditation-rules/accreditation-criteria/educational-needs)

* *Did the provider incorporate the educational needs (knowledge, competence, or performance) that underlie the professional practice gap(s) of their own learners for this activity?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

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## [**DESIGNED TO CHANGE**](https://www.accme.org/accreditation-rules/accreditation-criteria/designed-change)

* *Did the provider design this activity to change competence, performance, or patient outcomes as described in its mission statement?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

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## [**APPROPRIATE FORMATS**](https://www.accme.org/accreditation-rules/accreditation-criteria/appropriate-formats)

* *Did the provider choose an educational format for this activity that is appropriate for the setting, objectives, and desired results of the activity?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

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## [**COMPETENCIES**](https://www.accme.org/accreditation-rules/accreditation-criteria/competencies)

* *Did the provider develop this activity in the context of desirable physician attribute(s)?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

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## [**ANALYZES CHANGE**](https://www.accme.org/accreditation-rules/accreditation-criteria/analyzes-change)

* *Did the provider demonstrate that it generated data or information from the activity about changes achieved in learners’ competence or performance or patient outcomes?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

***STANDARDS OF INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION***

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## [**STANDARD 1: ENSURE CONTENT IS VALID**](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-1-ensure-content-valid)

* *Does the information submitted by the provider demonstrate that the content of the activity meets the expectations of Standard 1?*

*Choose an item.*

* *If you indicated no to any of the questions or the standard was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

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## [**STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION**](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-2-prevent-commercial-bias-and-marketing-accredited-continuing)

* *Did the provider attest to meeting all three elements of Standard 2?*

*Choose an item.*

* *If you indicated no to the question or the standard was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

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## [**STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVENT FINANCIAL RELATIONSHIPS**](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships)

* *If the provider indicated that the activity did not require the identification, mitigation, and disclosure of relevant financial relationships, because it met one of three exceptions listed in Standard 3, please indicate if you agree that the activity met one of the exceptions.*

*Choose an item.*

* *If you indicated no or the exceptions of this standard were discussed in the interview, please provide a detailed explanation.*

Enter Response Here

* *Did the provider demonstrate that it DID NOT allow owner(s)/employee(s) of ineligible companies to participate as planners or faculty in this activity?*

*Choose an item.*

* *If owner(s)/employee(s) of ineligible companies participated as planners or faculty in this activity, did their participation meet one of the three exceptions listed in Standard 3.2?*

*Choose an item.*

* *If you indicated no or the use of owners/employees for this activity was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

* *Did the provider demonstrate that it DID NOT allow an ineligible company to take the role of non-accredited partner in a joint provider relationship in this activity?*

*Choose an item.*

* *If you indicated no or the role of an ineligible company as non-accredited partner in a joint provider relationship was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

* *Did the provider's example of each of the form(s) or mechanism(s) used to collect information include the following, appropriate to the time the activity was planned and offered:*

*a. the complete definition of an ineligible company/commercial interests*

*b. instructions to report all relevant financial relationships with commercial interests for the prior 12 months or all financial relationships with ineligible companies for the prior 24 months as applicable.*

*Choose an item.*

* *If you indicated no or the collection of financial relationships for this activity was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

* *In the spreadsheet, did the provider indicate the action(s) it took to mitigate relevant financial relationships for all individuals in control of CME content and were all action(s) appropriate to the role(s) of the individual?*

 *Choose an item.*

* *If you indicated no or identifying and mitigating relevant financial relationships for this activity was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

* *Did the provider demonstrate that it disclosed the presence or absence of relevant financial relationships for all individuals in control of CME content, including a statement that all relevant financial relationships were mitigated, if applicable, as presented to learners prior to the activity?*

*Choose an item.*

* *If you indicated no or the disclosure of relevant financial relationships and/or mitigation for this activity was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

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## [**STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY**](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-4-manage-commercial-support-appropriately)

* *Did the provider demonstrate that it has written agreements that:*

*[1] include the ineligible company and the accredited provider.*

*[2] are executed prior to the start of the accredited education.*

*[3] specify terms and conditions of the commercial support that would meet ACCME expectations and*

*[4] include all commercial supporters for this activity?*

Select Not Applicable if the provider did not receive commercial support for this activity.

*Choose an item.*

* *Did the provider demonstrate that it disclosed to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education?*

Select Not Applicable if the provider did not receive commercial support for this activity.

*Choose an item.*

* *If you indicated no to any of the questions or the standard was discussed in the interview, please provide a detailed explanation.*

Enter Response Here

***POLICIES***

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## [**ACCREDITATION STATEMENT**](https://www.accme.org/accreditation-rules/policies/accreditation-statement)

* *Did the provider utilize the appropriate accreditation statement and present it to learners?*

*Choose an item.*

* *If you indicated no or the policy was discussed in the interview, please provide a detailed explanation.*

Enter Response Here