**Activity Excel File Upload Instructions**

**For Joint Accreditation Reporting 2021 and Beyond**

# Contents

# Introduction

The Excel batch upload function in Joint Accreditation Program and Activity Reporting System (JA-PARS) offers providers the ability to add, update or delete multiple activity records at one time. Although this function is available for use by all providers, it will be particularly useful to organizations that already have their own CE tracking system and have the ability to map the fields in their system to the fields in JA-PARS.

The main section of these instructions describes how to use a Microsoft Excel template to organize your data in such a way that it can be uploaded into JA-PARS and the fields/values that are necessary for the upload. Additional appendices supply lists of entries expected in certain fields. Certain fields are required in order to assign a certain status to an activity.

**Draft:** The activity has enough information to save a record in JA-PARS. In this batch method, Record Action, Internal ID, Activity Title, Activity Format, Activity Start Date, and Activity End Date are required to initially save an activity record. More information can be added as necessary with subsequent Update actions.

| Record Action | ACCME Activity ID | Internal ID | Activity Title | Activity Format | Delivery Method - In-Person | Delivery Method - Livestreamed | Delivery Method - Online | Delivery Method - Print/Other | Activity Start Date | Activity End Date |
|---|---|---|---|---|---|---|---|---|---|---|
| Add | | Example1-1 | Diabetes Management Strategies | Enduring Material | | | | | 1/1/2021 | 12/31/2023 |

**Active**: The activity has enough information to display on CME Passport. Any column with Yes indicated in the values table is required in order to achieve this status.

**Ready to Close:** An active activity with an end date that has passed. Once learner totals and commercial support details have been reported, this activity can be marked as closed via an update action.

**Closed:** Once an activity is marked as closed no additional updates can be made. A provider can re-open a closed activity up to 30 days after it has been marked as closed in the JA-PARS interface if edits need to be made.
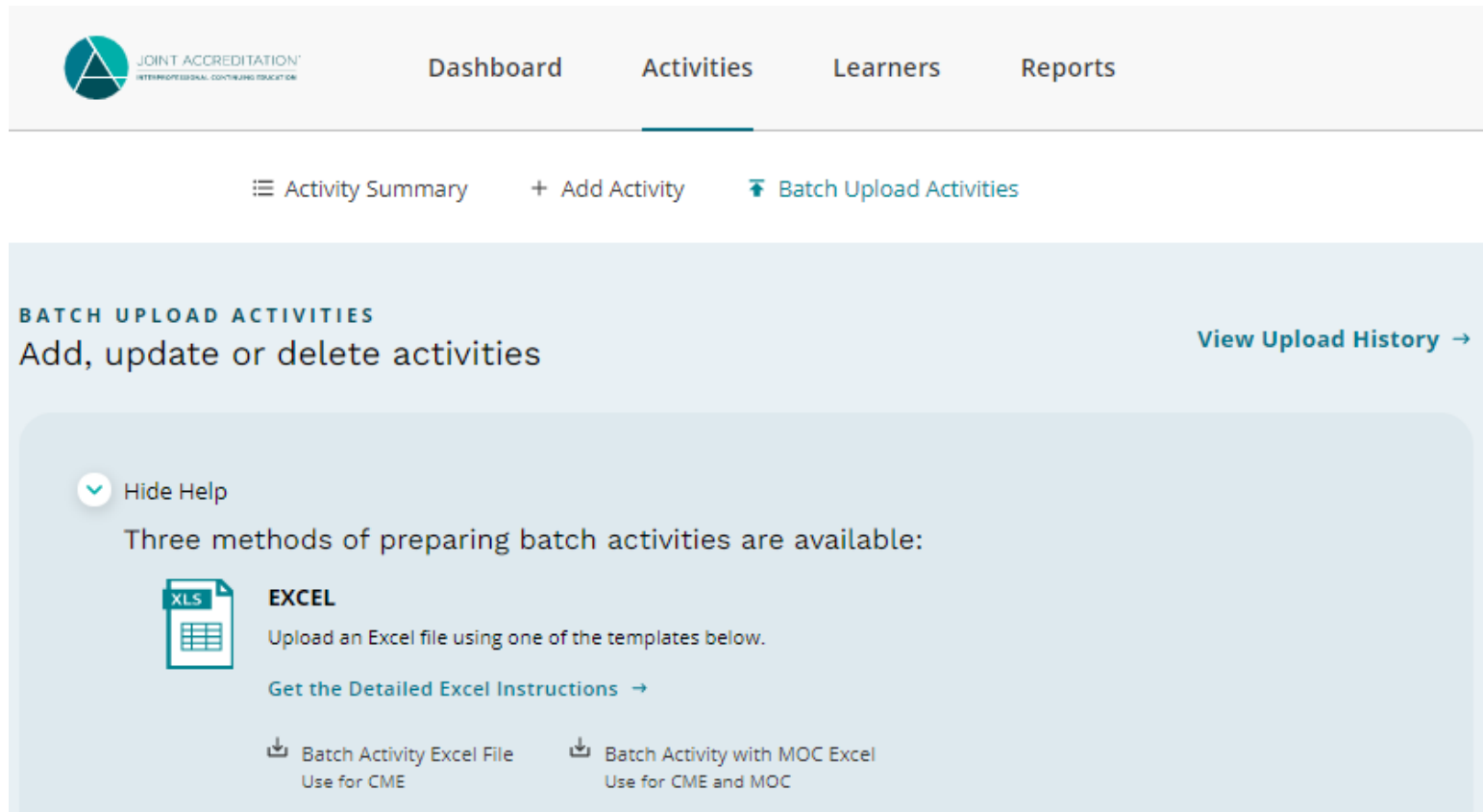
**Getting help with JA-PARS:** If you can't find what you're looking for in these instructions, you can submit your questions to the ACCME using the contact support interface within JA-PARS. You may also contact Joint Accreditation at info@jointaccreditation.org with your questions.

## How to use this template

1. Download the Excel activity file from the JA-PARS application.



2. The Excel activity file displays a heading row with general instructions followed by sample data rows. After reviewing the sample data, be sure to remove it from your file prior to uploading. Do not remove column headers.

3. One row is needed per activity, and all data on the same row must relate to the same activity. You can copy and paste the number of rows needed to enter all your activities in the batch. This will copy the cell validation/valid values into each row.

4. Certain columns can be copied and repeated within the file – Commercial Support sources if there are multiple sources, and MOC board registration if there are multiple certifying boards.

| AN | AO | AP | AQ | AR | AS | AT | AU | AV |
|---|---|---|---|---|---|---|---|---|
| | | | Repeat these two columns as a group for each source of commercial support | | Repeat these two columns as a group for each source of commercial support | | Repeat these two columns as a group for each source of commercial support | |
| Commercial Support Received? | Commercial Support Type - Monetary | Commercial Support Type - In-Kind | Commercial Support Source | Amount Received | Commercial Support Source | Amount Received | Commercial Support Source | Amount Received | R |
| Yes | Yes | No | GE Healthcare | 10000 | AbioMed | 25000 | Biogen | 4000 | N |

5. Log into the Joint Accreditation Program and Activity Reporting System (JA-PARS). Click the Program and Activity Data button, then select the Activities tab and click the "Batch Upload Activities" option.

6. Drag and drop or choose your Excel file to upload into JA-PARS.

7. Once the file has finished uploading, click on View Upload History to see the status of the file's processing

8. If there are rejected activity records, download the rejected activities to view and edit any errors within the file directly. This edited file can then be uploaded again to address any activities that were not added, updated or deleted properly the first time.

Jan 8, 2020

ACCME Batch Activity Excel_Rightpoint_9.28.xlsx

File Processing...

ACCME Batch Activity Excel_Rightpoint_9.28_(2).xlsx

44 Activities Added  44 Activities Updated  28 Activities Deleted

Successful Activities_9-26-20

Jan 2, 2020

ACCME Batch Activity Excel_Rightpoint_8.28.xlsx

44 Activities Updated  13 Activities Rejected

Successful Activities_9-26-20 | Rejected Activities_10-12-21

## Excel File Format Fields

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|---|---|---|---|---|---|---|---|
| | | | **To Save Activity as Draft** | **To Save Activity as Active** | **To Close Activity** | | |
| A | **Record Action** | Add<br>Update<br>Delete | Yes | Yes | Yes | Adding an activity must have a unique combination of Internal ID **(C)**, Format **(E)**, Start Date **(J),** and End Date **(K)**<br><br>Updating an activity can use either the ACCME ID **(B)** or a combination of the Internal ID **(C), Activity Format (E), Activity Start Date (J), and Activity End Date (K)** to identify an existing record to edit<br><br>Deleting an activity can use either the ACCME ID **(B)** or a combination of the Internal ID **(C), Activity Format (E), Activity Start Date (J), and Activity End Date (K)** to identify an existing record to remove | Add |
| B | **ACCME Activity ID** | 9 digit assigned Number | No | Yes | Yes | ACCME Activity ID is a unique, automatically generated number from PARS once the activity is initially added. This field should be blank when a new activity record is being added. | 201012345 |
| C | **Internal ID** | Text | Yes | Yes | Yes | Cannot be the organization's 7-digit organization ID | RSS20-21 |
| D | **Activity Title** | Text | Yes | Yes | Yes | | Administering CPR |
| E | **Activity Format** | Live Course<br>Enduring Material<br>Regularly Scheduled Series<br>Journal CME/CE<br>Performance/Quality Improvement<br>Committee Learning<br>Manuscript Review<br>Test-Item Writing<br>Learning from Teaching<br>Internet Searching and Learning<br>Other/Blended Learning | Yes | Yes | Yes | | Live Course |
| F | **Delivery Method – In-Person** | Yes<br>No | No | Yes if applicable | Yes if applicable | Only complete for **Live Course** or **Regularly Scheduled Series**. Otherwise leave blank | Yes |

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|---|---|---|---|---|---|---|---|
| | | | To Save Activity as Draft | To Save Activity as Active | To Close Activity | | |
| G | Delivery Method – Livestreamed | Yes No | No | Yes if applicable | Yes if applicable | Only complete for **Live Course** or **Regularly Scheduled Series**. Otherwise leave blank | Yes |
| H | Delivery Method – Online | Yes No | No | Yes if applicable | Yes if applicable | Only complete for **Enduring Material**. Otherwise leave blank. | No |
| I | Delivery Method – Print/Other | Yes No | No | Yes if applicable | Yes if applicable | Only complete for **Enduring Material**. Otherwise leave blank. | No |
| J | Activity Start Date | MM/DD/YYYY | Yes | Yes | Yes | | 1/1/2022 |
| K | Activity End Date | MM/DD/YYYY | Yes | Yes | Yes | | 12/31/2022 |
| L | Location – Country | Valid 3-letter country code. See Appendix A for a list of country codes. | No | Yes if applicable | Yes if applicable | Only complete for **Live Course** or **Regularly Scheduled Series** with a delivery method of **In-Person**. Otherwise leave blank. | USA |
| M | Location - City | Text | No | Yes if applicable | Yes if applicable | Only complete for **Live Course** or **Regularly Scheduled Series** with a delivery method of **In-Person**. Otherwise leave blank. | Chicago |
| N | Location - State | Valid USPS two-letter U.S. abbreviation. See Appendix B for a list of state/territory codes. | No | Yes if applicable | Yes if applicable | Only complete for **Live Course** or **Regularly Scheduled Series** with a delivery method of **In-Person** and a **Country** of USA. Otherwise leave blank. | IL |
| O | Location - Zipcode | Valid 3-letter country code | No | No | No | Only complete for **Live Course** or **Regularly Scheduled Series** with a delivery method of **In-Person**. Otherwise leave blank. | 60601 |
| P | Is this an IPCE Activity? | Yes No | No | No | Yes | Indicates an interprofessional activity. | Yes |
| Q | IPCE credits | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The maximum number of IPCE Credits designated for the activity. | 5.5 |
| R | Dentistry Credits | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The maximum number of Dentistry Credits designated for the activity. | 5.5 |
| S | Dietetic CPEUs | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The maximum number of Dietetic CPEUs designated for the activity. | 5.5 |

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|---|---|---|---|---|---|---|---|
| | | | **To Save Activity as Draft** | **To Save Activity as Active** | **To Close Activity** | | |
| T | **Nursing Credits** | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The maximum number of Nursing Credits designated for the activity. | 5.5 |
| U | **Optometry Credits** | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The maximum number of Optometry Credits designated for the activity. | 5.5 |
| V | **Pharmacy Credits** | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The number of Pharmacy Credits designated for the activity. | 5.5 |
| W | ***AMA PRA Category 1™ Credits*** | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The maximum number of AMA PRA Category 1™ Credits designated for the activity. | 5.5 |
| X | ***AAPA Category 1™ Credits*** | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The maximum number of AAPA Category 1™ Credits designated for the activity. | 5.5 |
| Y | **Psychology Credits** | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The maximum number of Psychology Credits designated for the activity. | 5.5 |
| Z | **Social Work Credits** | Decimal (00.00) | No | Yes, if applicable | Yes, if applicable | The maximum number of Social Work Credits designated for the activity. | 5.5 |
| AA | **Athletic Training CEUs** | Decimal (00.00) | No | Yes | Yes | The maximum number of Athletic Training CEUs designated for the activity. | 5.5 |
| AB | **Include on CME Passport?** | Yes No | No | Yes, if applicable | Yes, if applicable | Determines whether the activity will appear on CME Passport for physicians to view/register. Only activities offering *AMA PRA Category 1™ Credits* or IPCE credits are eligible to include on CME Passport. | Yes |
| AC | **Activity Description** | Text | No | Yes | Yes | 2,500 characters maximum | An intensive review of ACLS techniques through simulation exercises. |
| AD | **Activity URL** | Web Address starting with http:// or https:// | No | Yes | Yes | For display to physicians on CME Passport | https://www.accme.org/register/ |
| AE | **Who Can Register?** | Open to all Limited | No | | Yes | For display to physicians on CME Passport | Limited |
| AF | **Fees for Learners?** | Yes No, it's free Variable | No | | Yes | For display to physicians on CME Passport | No, it's free |

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|------|-----------|---------------------|------------|------------|------------|----------|--------------|
| | | | **To Save Activity as Draft** | **To Save Activity as Active** | **To Close Activity** | | |
| AG | **Providership** | Direct Joint | No | Yes | Yes | | Joint |
| AH | **Joint Provider Name** | Text | No | Yes if applicable | Yes if applicable | If you entered **Joint** in Providership then enter the name(s) of the joint providers in this field. Separate the name of each organization with a semicolon.<br><br>If you entered **Direct** in Providership then leave this field blank. | County Hospital; CPR Education Group |
| AI | **Measured Outcomes - Learner Competence** | Yes No | No | No | Yes | At least one outcome must be selected to close an activity (**Learner Competence**, **Learner Performance**, **Patient Health**, or **Community/Population Health**) | Yes |
| AJ | **Learner Competence Measurement - Objective** | Yes No | No | No | No | Measurements are optional at this time | Yes |
| AK | **Learner Competence Measurement - Subjective** | Yes No | No | No | No | Measurements are optional at this time | No |
| AL | **Measured Outcomes - Learner Performance** | Yes No | No | No | Yes | At least one outcome must be selected to close an activity (**Learner Competence**, **Learner Performance**, **Patient Health**, or **Community/Population Health**) | No |
| AM | **Learner Performance Measurement - Objective** | Yes No | No | No | No | Measurements are optional at this time | No |
| AM | **Learner Performance Measurement - Subjective** | Yes No | No | No | No | Measurements are optional at this time | No |
| AO | **Measured Outcomes - Patient Health** | Yes No | No | No | Yes | At least one outcome must be selected to close an activity (**Learner Competence**, **Learner Performance**, **Patient Health**, or **Community/Population Health**) | Yes |
| AP | **Patient Health Measurement - Objective** | Yes No | No | No | No | Measurements are optional at this time | No |

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|------|------------|---------------------|----------------------------|--|--|----------|--------------|
| | | | **To Save Activity as Draft** | **To Save Activity as Active** | **To Close Activity** | | |
| AQ | **Patient Health Measurement - Subjective** | Yes<br>No | No | No | No | Measurements are optional at this time | Yes |
| AR | **Measured Outcomes - Community/Population Health** | Yes<br>No | No | No | Yes | At least one outcome must be selected to close an activity (**Learner Competence**, **Learner Performance**, **Patient Health**, or **Community/Population Health**) | No |
| AS | **Community/Population Health Measurement - Objective** | Yes<br>No | No | No | No | Measurements are optional at this time | No |
| AT | **Community/Population Health Measurement - Subjective** | Yes<br>No | No | No | No | Measurements are optional at this time | No |
| AU | **Measured Outcomes - Learner Knowledge** | Yes<br>No | No | No | No | Learner Knowledge is optional. This field does not count towards the selected outcome requirement | Yes |
| AV | **Learner Knowledge Measurement - Objective** | Yes<br>No | No | No | No | Measurements are optional at this time | Yes |
| AW | **Learner Knowledge Measurement - Subjective** | Yes<br>No | No | No | No | Measurements are optional at this time | Yes |
| AX | **Pharmacy audience – Pharmacists** | Yes<br>No | No | Yes, if activity offers pharmacy credit | Yes, if activity offers pharmacy credit | Activities offering pharmacy credit must have a target audience of Pharmacists or Pharmacy Technicians | |
| AY | **Pharmacy audience – Pharmacy Technicians** | Yes<br>No | No | Yes, if activity offers pharmacy credit | Yes, if activity offers pharmacy credit | Activities offering pharmacy credit must have a target audience of Pharmacists or Pharmacy Technicians | |
| AZ | **Pharmacy sequence number** | | No | No | No | If blank, JA-PARS will assign the next available sequence number | |

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|---|---|---|---|---|---|---|---|
| | | | To Save Activity as Draft | To Save Activity as Active | To Close Activity | | |
| BA | **Pharmacy activity type** | Valid Entries:<br>Knowledge<br>Application<br>Practice | No | Yes, if activity offers pharmacy credit | Yes, if activity offers pharmacy credit | Required for activities offering pharmacy credit. | Knowledge |
| BB | **Pharmacy Topic Designator** | Valid Entries:<br>01-Disease State Management/Drug Therapy<br>02-AIDS Therapy<br>03-Law Related to Pharmacy Practice<br>04-General Pharmacy<br>05-Patient Safety<br>06-Immunizations<br>07-Compounding | No | Yes, if activity offers pharmacy credit | Yes, if activity offers pharmacy credit | Required for activities offering pharmacy credit. | 04-General Pharmacy |
| BC | **Pharmacy Live Date** | Date in the format MM/DD/YYYY | No | Yes, if activity offers pharmacy credit | Yes, if activity offers pharmacy credit | Required for activities offering pharmacy credit. | 01/23/2022 |
| BD | **Is Pharmacy Certificate Program?** | Yes<br>No | No | No | Yes | | No |
| BE | **Register for MIPS** | Yes<br>No | No | No | No | If left blank this value will default to No | No |
| BF | **Commercial Support Received?** | Yes<br>No | No | No | Yes | | Yes |
| *The following three columns can be repeated to indicate multiple commercial support sources* | | | | | | | |
| BG | **Commercial Support Type** | Monetary<br>In-kind | No | No | Yes if the activity received commercial support | If you entered **Yes** in Commercial Support Received, then the source should be reported<br><br>If you entered **No** in Commercial Support Received, leave this field blank. | Monetary |

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|---|---|---|---|---|---|---|---|
| | | | **To Save Activity as Draft** | **To Save Activity as Active** | **To Close Activity** | | |
| BH | **Commercial Support Source** | Commercial support sources can be found in Appendix C | No | No | Yes if the activity received commercial support | If you entered **Yes** in Commercial Support Received? (column AN), then the source should be reported<br><br>If you entered **No** in Commercial Support Received? (column AN), leave this field blank. | Abbott (Any Division) |
| BI | **Amount Received** | US dollar amount (00.00) | No | No | Yes if the support type is monetary | If you entered **Yes** in Commercial Support Received and **Yes** in Commercial Support Type - Monetary<br><br>If you entered **No** in Commercial Support Received? (column AN), please leave this field blank. | 1000.00 |
| BJ | **Register for MOC?** | Yes<br>No<br>[blank] | No | No | No | If **Yes**, all additional MOC fields must be completed in order to fully register the activity for MOC | Yes |
| BK | **MOC Credit Deadline Date** | MM/DD/YYYY | No | No | Yes, if registered for MOC | Must be on or after the listed **Activity End Date** | 12/31/2022 |
| *The following 7 columns can be repeated to register the activity for multiple certifying boards* | | | | | | | |
| BL | **Certifying Board** | ABA<br>ABIM<br>ABO<br>ABOHNS<br>ABPATH<br>ABP<br>ABS | No | Yes if registered for MOC | Yes if registered for MOC | If registering for more than one board, columns AU through BA can be repeated for additional board registration | ABIM |
| BM | **MOC Credit/Points** | Decimal (00.00) | No | Yes if registered for MOC | Yes if registered for MOC | Must be in increments of 0.25. Must be equal to, or in some cases less than the AMA credit amount. | 12.75 |
| BN | **MOC Credit Types** | See Appendix D for values | No | Yes if registered for MOC | Yes if registered for MOC | Certifying boards have between 1 and 4 credit types. If you are only registering an activity for one credit type, the remaining fields may be left blank | Medical Knowledge |
| BO | **Additional MOC Credit Type** | See Appendix D for values | No | Yes if registered for MOC | Yes if registered for MOC | | Patient Safety |

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|---|---|---|---|---|---|---|---|
| | | | To Save Activity as Draft | To Save Activity as Active | To Close Activity | | |
| BP | **Additional MOC Credit Type** | See Appendix D for values | No | Yes if registered for MOC | Yes if registered for MOC | | [Blank] |
| BQ | **Additional MOC Credit Type** | See Appendix D for values | No | Yes if registered for MOC | Yes if registered for MOC | | [Blank] |
| BR | **Practice or Specialty Area(s)** | See Appendix D for values | No | Yes if registered for MOC | Yes if registered for MOC | Separate multiple practice or specialty areas with a semi-colon. | Hospital Medicine; Hematology |
| BS | **Total Learners – Dentists** | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Dentists that participated in the activity. | 10 |
| BT | **Total Learners – Allied Dental Staff** | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Allied Dental Staff that participated in the activity. | 10 |
| BU | **Total Learners – Dieticians** | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Dieticians that participated in the activity. | 10 |
| BV | **Total Learners – Dietetic Technicians** | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Dietetic Technicians that participated in the activity. | 10 |
| BW | **Total Learners – Nurses** | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Nurses that participated in the activity. | 10 |

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|------|-----------|---------------------|---------------|---------------|---------------|----------|--------------|
| | | | To Save Activity as Draft | To Save Activity as Active | To Close Activity | | |
| BX | Total Learners – Optometrists | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Optometrists that participated in the activity. | 10 |
| BY | Total Learners - Pharmacists | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Pharmacists that participated in the activity. | 10 |
| BZ | Total Learners – Pharmacy Technicians | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Pharmacy Technicians that participated in the activity. | 10 |
| CA | Total Learners – Physicians | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Physicians that participated in the activity. | 10 |
| CB | Total Learners – Physician Assistants | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Physician Assistants that participated in the activity. | 10 |
| CC | Total Learners - Psychologists | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Psychologists that participated in the activity. | 10 |
| CD | Total Learners – Social Workers | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Social Workers that participated in the activity. | 10 |

| Col. | Field Name | Valid Values/ Format | Data is Required in Field: | | | Comments | Example Data |
|------|-----------|---------------------|---------|---------|---------|----------|--------------|
| | | | To Save Activity as Draft | To Save Activity as Active | To Close Activity | | |
| CE | Total Learners – Athletic Trainers | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of Athletic Trainers that participated in the activity. | 10 |
| CF | Total Learners – Other Learners | Number | No | No | Yes | Can only add learner totals to activities that have a start date in the past<br><br>The number of learners not counted in any of the other available learner categories. | 10 |
| CG | Close Activity? | Yes<br>No | No | No | Yes | An activity can only be closed once all required data fields are completed and the end date for the activity is in the past | No |

## Appendix A – List of Country Codes

| Country | Code | Country | Code | Country | Code | Country | Code |
|---|---|---|---|---|---|---|---|
| Afghanistan | AFG | Dominican Republic | DOM | Liberia | LBR | Saint Lucia | LCA |
| Aland Islands | ALA | Ecuador | ECU | Libyan Arab Jamahiriya | LBY | Saint Pierre and Miquelon | SPM |
| Albania | ALB | Egypt | EGY | Liechtenstein | LIE | Saint Vincent and the Grenadines | VCT |
| Algeria | DZA | El Salvador | SLV | Lithuania | LTU | Saint-Barthélemy | BLM |
| Andorra | AND | Equatorial Guinea | GNQ | Luxembourg | LUX | Saint-Martin (French part) | MAF |
| Angola | AGO | Eritrea | ERI | Macao Special Administrative Region of China | MAC | Samoa | WSM |
| Anguilla | AIA | Estonia | EST | Madagascar | MDG | San Marino | SMR |
| Antigua and Barbuda | ATG | Ethiopia | ETH | Malawi | MWI | Sao Tome and Principe | STP |
| Argentina | ARG | Faeroe Islands | FRO | Malaysia | MYS | Saudi Arabia | SAU |
| Armenia | ARM | Falkland Islands (Malvinas) | FLK | Maldives | MDV | Senegal | SEN |
| Aruba | ABW | Fiji | FJI | Mali | MLI | Serbia | SRB |
| Australia | AUS | Finland | FIN | Malta | MLT | Seychelles | SYC |
| Austria | AUT | France | FRA | Martinique | MTQ | Sierra Leone | SLE |
| Azerbaijan | AZE | French Guiana | GUF | Mauritania | MRT | Singapore | SGP |
| Bahamas | BHS | French Polynesia | PYF | Mauritius | MUS | Slovakia | SVK |
| Bahrain | BHR | Gabon | GAB | Mayotte | MYT | Slovenia | SVN |
| Bangladesh | BGD | Gambia | GMB | Mexico | MEX | Solomon Islands | SLB |
| Barbados | BRB | Georgia | GEO | Monaco | MCO | Somalia | SOM |
| Belarus | BLR | Germany | DEU | Mongolia | MNG | South Africa | ZAF |
| Belgium | BEL | Ghana | GHA | Montenegro | MNE | Spain | ESP |
| Belize | BLZ | Gibraltar | GIB | Montserrat | MSR | Sri Lanka | LKA |
| Benin | BEN | Greece | GRC | Morocco | MAR | Sudan | SDN |
| Bermuda | BMU | Greenland | GRL | Mozambique | MOZ | Suriname | SUR |
| Bhutan | BTN | Grenada | GRD | Myanmar | MMR | Svalbard and Jan Mayen Islands | SJM |
| Bolivia (Plurinational State of) | BOL | Guadeloupe | GLP | Namibia | NAM | Swaziland | SWZ |
| Bosnia and Herzegovina | BIH | Guatemala | GTM | Nauru | NRU | Sweden | SWE |
| Botswana | BWA | Guernsey | GGY | Nepal | NPL | Switzerland | CHE |
| Brazil | BRA | Guinea | GIN | Netherlands | NLD | Syrian Arab Republic | SYR |
| British Virgin Islands | VGB | Guinea-Bissau | GNB | Netherlands Antilles | ANT | Tajikistan | TJK |
| Brunei Darussalam | BRN | Guyana | GUY | New Caledonia | NCL | Thailand | THA |
| Bulgaria | BGR | Haiti | HTI | New Zealand | NZL | The former Yugoslav Republic of Macedonia | MKD |
| Burkina Faso | BFA | Holy See | VAT | Nicaragua | NIC | Timor-Leste | TLS |
| Burundi | BDI | Honduras | HND | Niger | NER | Togo | TGO |
| Cambodia | KHM | Hong Kong Special Administrative Region of China | HKG | Nigeria | NGA | Tokelau | TKL |
| Cameroon | CMR | Hungary | HUN | Niue | NIU | Tonga | TON |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Canada | CAN | Iceland | ISL | Norfolk Island | NFK | Trinidad and Tobago | TTO |
| Cape Verde | CPV | India | IND | Norway | NOR | Tunisia | TUN |
| Cayman Islands | CYM | Indonesia | IDN | Occupied Palestinian Territory | PSE | Turkey | TUR |
| Central African Republic | CAF | Iran (Islamic Republic of) | IRN | Oman | OMN | Turkmenistan | TKM |
| Chad | TCD | Iraq | IRQ | Pakistan | PAK | Turks and Caicos Islands | TCA |
| Chile | CHL | Ireland | IRL | Panama | PAN | Tuvalu | TUV |
| China | CHN | Isle of Man | IMN | Papua New Guinea | PNG | Uganda | UGA |
| Colombia | COL | Israel | ISR | Paraguay | PRY | Ukraine | UKR |
| Comoros | COM | Italy | ITA | Peru | PER | United Arab Emirates | ARE |
| Congo | COG | Jamaica | JAM | Philippines | PHL | United Kingdom of Great Britain and Northern Ireland | GBR |
| Cook Islands | COK | Japan | JPN | Pitcairn | PCN | United Republic of Tanzania | TZA |
| Costa Rica | CRI | Jersey | JEY | Poland | POL | United States of America | USA |
| Cote d'Ivoire | CIV | Jordan | JOR | Portugal | PRT | Uruguay | URY |
| Croatia | HRV | Kazakhstan | KAZ | Qatar | QAT | Uzbekistan | UZB |
| Cuba | CUB | Kenya | KEN | Republic of Korea | KOR | Vanuatu | VUT |
| Cyprus | CYP | Kiribati | KIR | Republic of Moldova | MDA | Venezuela (Bolivarian Republic of) | VEN |
| Czech Republic | CZE | Kuwait | KWT | Réunion | REU | Viet Nam | VNM |
| Democratic People's Republic of Korea | PRK | Kyrgyzstan | KGZ | Romania | ROU | Wallis and Futuna Islands | WLF |
| Democratic Republic of the Congo | COD | Lao People's Democratic Republic | LAO | Russian Federation | RUS | Western Sahara | ESH |
| Denmark | DNK | Latvia | LVA | Rwanda | RWA | Yemen | YEM |
| Djibouti | DJI | Lebanon | LBN | Saint Helena | SHN | Zambia | ZMB |
| Dominica | DMA | Lesotho | LSO | Saint Kitts and Nevis | KNA | Zimbabwe | ZWE |

## Appendix B – U.S. States / Territories / Regions

| State/Territory | Code | State/Territory | Code | State/Territory | Code | State/Territory | Code |
|---|---|---|---|---|---|---|---|
| Alabama | AL | Idaho | ID | Montana | MT | Puerto Rico | PR |
| Alaska | AK | Illinois | IL | Nebraska | NE | Rhode Island | RI |
| American Samoa | AS | Indiana | IN | Nevada | NV | South Carolina | SC |
| Arizona | AZ | Iowa | IA | New Hampshire | NH | South Dakota | SD |
| Arkansas | AR | Kansas | KS | New Jersey | NJ | Tennessee | TN |
| California | CA | Kentucky | KY | New Mexico | NM | Texas | TX |
| Colorado | CO | Louisiana | LA | New York | NY | U.S. Virgin Islands | VI |
| Connecticut | CT | Maine | ME | North Carolina | NC | Utah | UT |
| Delaware | DE | Marshall Islands | MH | North Dakota | ND | Vermont | VT |
| District of Columbia | DC | Maryland | MD | Northern Mariana Islands | MP | Virginia | VA |
| Federated States of Micronesia | FM | Massachusetts | MA | Ohio | OH | Washington | WA |
| Florida | FL | Michigan | MI | Oklahoma | OK | West Virginia | WV |
| Georgia | GA | Minnesota | MN | Oregon | OR | Wisconsin | WI |
| Guam | GU | Mississippi | MS | Palau | PW | Wyoming | WY |

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| Hawaii | HI | Missouri | MO | Pennsylvania | PA | | |

## Appendix C – Commercial Support Sources

| Commercial Support Source | Commercial Support Source | Commercial Support Source | Commercial Support Source |
|---|---|---|---|
| Abbott (Any division) | ConMed | Jazz Pharmaceuticals, Inc. | Roche (Any division) |
| AbbVie (Any division) | Cook Medical, Inc. | Johnson & Johnson | Salix Pharmaceuticals, Inc. |
| AbioMed | CooperSurgical, Inc. | Karl Storz Endoscopy | Sanofi S.A. |
| Actelion Pharmaceuticals | CSL Behring, LLC | Kowa Pharmaceuticals | Seattle Genetics |
| Alcon (Any division) | Daiichi Sankyo, Inc. | Lilly (Any division) | Shire Pharmaceuticals |
| Allergan (Any division) | DePuy (Any division) | Lundbeck, Inc. | Siemans (Any division) |
| Amarin Pharmaceuticals, Inc. | Edwards Lifesciences Corporation | Mallinckrodt Pharmaceuticals | Smith & Nephew (Any division) |
| Amgen, Inc. | Eisai, Inc. | Mead Johnson Nutrition Company | SonoSite |
| Arthrex | Ethicon (Any division) | Medtronic (Any division) | St. Jude Medical, Inc. |
| Astellas (Any division) | Exelixis | Merck (Any division) | Stryker (Any division) |
| AstraZeneca (Any division) | Fujifilm (Any division) | Merz (Any division) | Sunovion Pharmaceuticals, Inc. |
| Bard Peripheral Vascular, Inc. | Galderma (Any division) | Millennium Pharmaceuticals, Inc. | Taiho Pharmaceutical |
| Bausch & Lomb (Any division) | GE Healthcare | Mindray | Takeda Pharmaceuticals (Any division) |
| Baxter International, Inc. | Genentech (Any division) | Myriad (Any division) | Teleflex Medical |
| Bayer (Any division) | Genomic Health, Inc. | Novartis Corporation Pharmaceuticals | Terumo (Any division) |
| Biogen | Genzyme Corporation | Novo Nordisk (Any division) | Tesaro |
| Biosense Webster, Inc. | Gilead Sciences, Inc. | Novocure | Teva Pharmaceutical Industries |
| BIOTRONIK, Inc. | Globus Medical, Inc. | NuVasive | UCB |
| Boehringer Ingelheim Pharmaceuticals, Inc. | Grifols | Olympus Corporation | United Therapeutics |
| Boston Scientific Corporation | Hitachi (Any division) | Otsuka America Pharmaceutical, Inc. | Valeant Pharmaceuticals (Any division) |
| Bristol-Myers Squibb Company | Hologic, Inc. | Pfizer (Any division) | Vertex Pharmaceuticals |
| BTG International, Inc. | Incyte Corporation | Philips (Any division) | ViiV Healthcare |
| Celgene Corporation | Integra LifeSciences Corporation | Prometheus Laboratories, Inc. | W. L. Gore & Associates, Inc. |
| Chiesi | Ipsen | Regeneron Pharmaceuticals, Inc. | Zimmer (Any division) |
| Clovis Oncology | Janssen (Any division) | REMS Program Companies (RPC) | Zoll (Any division) |

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## Appendix D – MOC Values

| Board | Board Value | Credit Amount Values | Valid Credit Type Values | Valid Practice Areas |
|---|---|---|---|---|
| American Board of Anesthesiology | ABA | Equal to AMA credit | Lifelong Learning | See below |
| | | | Patient Safety | |
| American Board of Internal Medicine | ABIM | Equal to or less than AMA credit | Medical Knowledge | See below |
| | | | Practice Assessment | |
| | | | Patient Safety | |
| American Board of Ophthalmology | ABO | Equal to AMA credit | Lifelong Learning | See below |
| | | | Self-Assessment | |
| | | | Improvement in Medical Practice | |
| | | | Patient Safety | |
| American Board of Otolaryngology – Head and Neck Surgery | ABOHNS | Equal to or less than AMA credit | Self-Assessment | See below |
| | | | Improvement in Medical Practice | |
| | | | Patient Safety | |
| American Board of Pathology | ABPath | Equal to AMA credit | Lifelong Learning | See below |
| | | | Improvement in Medical Practice | |
| American Board of Pediatrics | ABP | Equal to or less than AMA credit | Lifelong Learning and Self-Assessment | See below |
| American Board of Surgery | ABS | Equal to AMA credit | Accredited CME | |
| | | | Self-Assessment | |

| ABA Practice Area Valid Values | | | | |
|---|---|---|---|---|
| Ambulatory/Outpatient | General Operative Anesthesia | Obstetric Anesthesia | Regional Anesthesia/Acute Pain | Trauma |
| Cardiac Anesthesia | Hospice and Palliative Medicine | Pain Medicine | Sleep Medicine | |
| Critical Care Medicine | Neuro Anesthesia | Pediatric Anesthesia | Thoracic Anesthesia | |

| ABIM Practice Areas Valid Values | | | | |
|---|---|---|---|---|
| Adolescent Medicine | Critical Care Medicine | Hospice and Palliative Medicine | Medical Oncology | Sports Medicine |
| Adult Congenital Heart Disease | Endocrinology, Diabetes, and Metabolism | Hospital Medicine | Nephrology | Transplant Hepatology |
| Advanced Heart Failure and Transplant Cardiology | Gastroenterology | Infectious Disease | Pulmonary Disease | |
| Cardiovascular Disease | Geriatric Medicine | Internal Medicine | Rheumatology | |
| Clinical Cardiac Electrophysiology | Hematology | Interventional Cardiology | Sleep Medicine | |

| ABO Practice Areas Valid Values | | | | |
|---|---|---|---|---|
| Comprehensive/General Ophthalmology | Glaucoma | Oncology | Refractive Management/Intervention | All Practice Areas |
| Cataract/Anterior Segment | Neuro-Ophthalmology and Orbit | Pathology | Retina/Vitreous | |
| Cornea/External Disease | Oculoplastics and Orbit | Pediatric Ophthalmology/Strabismus | Uveitis | |

| ABOHNS Practice Areas Valid Values | | | | |
|---|---|---|---|---|
| Allergy | Head & Neck | Otology | Pediatric Otolaryngology | Sleep Medicine |

| Facial Plastic & Reconstructive Surgery | Laryngology | Neurotology | Rhinology | General Otolaryngology |
|---|---|---|---|---|

| ABPATH Practice Areas Valid Values | | | | |
|---|---|---|---|---|
| All Practice Areas (e.g. ethics) | Cytopathology | Hematology (Blood, BM) | Neuropathology (incl. Neuromuscular) | Surgical Pathology |
| Blood Bank/Transfusion Medicine | Dermatopathology | Hematopathology (LN, Spleen) | Patient Safety | Transplant Pathology |
| Breast | Endocrine | Hemostasis & Thrombosis/Coagulation | Pediatric Pathology | Urinary Tract |
| Cardiovascular | Female Reproductive | Lab Management | Placenta | |
| Chemical Pathology | Forensic Pathology | Male Genital | Pulmonary, Mediastinum | |
| Clinical Informatics | GI (incl. Liver, Pancreas, Bilary) | Medical Director | Renal/Medical Renal | |
| Clinical Pathology | Head & Neck/ Oral | Molecular Genetic Pathology | Soft Tissue & Bone | |

| ABP Practice Areas Valid Values | | | | |
|---|---|---|---|---|
| Adolescent Medicine | Hospital Medicine | Pediatric Critical Care Medicine | Pediatric Infectious Diseases | Pediatric Transplant Hepatology |
| Child Abuse Pediatrics | Medical Toxicology | Pediatric Emergency Medicine | Pediatric Nephrology | Sleep Medicine |
| Developmental-Behavioral Pediatrics | Neonatal-Perinatal Medicine | Pediatric Endocrinology | Pediatric Neurology | Sports Medicine |
| General Pediatrics | Neurodevelopmental Disabilities | Pediatric Gastroenterology | Pediatric Pulmonology | Professionalism/Patient Safety/Other Skills |
| Hospice & Palliative Medicine | Pediatric Cardiology | Pediatric Hematology-Oncology | Pediatric Rheumatology | |

| ABS Practice Areas Valid Values | | | | |
|---|---|---|---|---|
| Complex General Surgical Oncology | Hospice & Palliative Medicine | Surgical Critical Care | Vascular Surgery | General Surgery |
| Hand Surgery | Pediatric Surgery | | | |

## Appendix E – Error Codes

| Code | Error Message |
|---|---|
| 101 | Activity record action was not specified. |
| 102 | Activity record action invalid. |
| 103 | Add action has duplicate of existing activity ID. |
| 104 | Record not found. Update action has unknown activity ID. |
| 105 | Record not found. Delete action has unknown activity ID. |
| 106 | Activity could not be deleted. Participant records exist for this activity. |
| 107 | Activity record is a duplicate for an activity submitted to Board through non-ACCME methods and cannot be reported through PARS. |
| 200 | Missing number of AMA credits |
| 202 | Missing ACCME Activity ID. |
| 203 | Missing Activity title. |
| 204 | No specialties included in record. |
| 205 | Missing Activity start date. |
| 206 | Missing MOC points. |
| 207 | Missing Variable MOC points. |
| 208 | Missing Patient safety approval status. |

| | |
|---|---|
| 209 | Missing reporting start date. |
| 210 | Missing reporting end date. |
| 211 | Missing activity format. |
| 212 | Missing providership. |
| 213 | Missing provider name. |
| 214 | Missing joint provider name. |
| 215 | Missing activity end date. |
| 216 | Missing Provider Activity ID. |
| 217 | Missing content outline elements |
| 218 | Missing Medical Knowledge approval status |
| 219 | Missing Practice Assessment approval status |
| 220 | Missing activity URL |
| 302 | ACCME Activity ID not valid. |
| 303 | Activity title not valid. |
| 304 | Specialty not valid. |
| 305 | Activity start date not valid. |
| 306 | MOC points not valid. |
| 307 | Variable MOC points not valid. |
| 308 | Patient safety approval status not valid. |
| 309 | Reporting start date not valid. |
| 310 | Reporting end date not valid. |
| 311 | Activity format not valid. |
| 312 | Providership not valid. |
| 313 | Provider name not valid. |
| 314 | Joint provider name not valid. |
| 315 | Activity start date format is invalid. Expected yyyy-mm-ddT:00:00:00 |
| 316 | Activity end date format is invalid. Expected yyyy-mm-ddT:00:00:00 |
| 317 | Medical Knowledge approval status not valid. |
| 318 | Practice Assessment approval status not valid. |
| 319 | MOC points not in increment of 0.25 |
| 320 | Activity specialty/licensing board registration cannot be removed. Learner completion records exist for {Board acronym} and must be deleted before the activity registration can be removed. |
| 456 | MEMS Element: entry: [XML Identifier], - Invalid data value/format for [Element Name]: [Data Value] |
| 457 | MEMS Element: entry:[XML Identifier], Element name: [Element Name] - Missing required field: [Field Name] |
| 458 | MEMS Element: entry: [XML Identifier], Element name: ActivityDescription/lom:lom/lom:general/lom:identifier/lom:catalog/lom:entry - ACCME ActivityID is invalid/does not exist |
| 459 | MEMS Element: entry:[XML Identifier], Element name: mem:ActivityDescription/lom:lom/hx:healthcareMetadata/hx:healthcareEducation/hx:activityFormat - Invalid data value for Activity Type: [Activity Type] |
| 460 | MEMS Element: entry: [XML Identifier], Element name: mem:ActivityDescription/lom:lom/hx:healthcareMetadata/hx:healthcareEducation/hx:activityFormat - At least one subcategory is required for a Course or Internet Live Course |
| 461 | MEMS Element: entry: [XML Identifier], Element name: [Element Name] - Invalid value for Reporting Year: [Data Value]. You cannot add or update activities for [Data Value] because the data for this year has already been attested as complete. |
| 462 | MEMS Element: entry: [XML Identifier], Element name: [Element Name] - Invalid value for Reporting Year: [Data Value]. |
| 463 | MEMS Element: identifier: entry:[XML Identifier], Element name: [Element Name] - Invalid element. |
| 464 | MEMS Element: Update Reporting Year from [Existing Reporting Year] to [New Reporting Year] not permitted. |
| 465 | MEMS Element: entry: [XML Identifier], Element name: [Element Name]: This activity record is assigned to a reporting year that is not currently available for entry of records. |
| 466 | MEMS Element: entry: [XML Identifier], - Failed to add the activity |
| 467 | MEMS Element: entry: [XML Identifier], - Failed to update the activity |

| 468 | MEMS Element: entry: [XML Identifier], - Invalid data value/format for Credits Offered:[Credits Offered]. |
|-----|-----------------------------------------------------------------------------------------------------------|
| 469 | Activity end date cannot be earlier than activity start date. |
| 472 | Keyword element(s) not valid for MOCA content outline. |
| 473 | MEMS Element: entry: [XML Identifier], Element name: [Element Name] - This activity is already closed and cannot be updated. |
| 474 | Internal ID cannot be the Organization ID. Please enter a unique value for this field. |
| 475 | Credit Claim data cannot be before the activity end date listed for the activity |
| 476 | An activity matching this ID already exists. Existing activities may not use the 'Add' record action. |
| 477 | Duplicate Entry. Two or more activity records in this submission have the same ID. Please ensure all activities in this file have unique IDs. |
| 478 | Pharmacy sequence number already in use. |
| 479 | Invalid data value/format for Commmendation Tag: |
| 481 | Closed activities may not be edited. |
| 482 | Learners may not be reported for activities in the future. |
| 483 | This activity cannot be closed. Activities must have all required fields completed and an end date in the past to be closed. |
| 484 | Missing default credit type: |
| 485 | Invalid template |
| 486 | Activity Format cannot be changed when individual learners have been reported |
| 487 | Activity credit type cannot be submitted alone |
| 488 | Invalid delivery method(s): |
| 489 | Invalid count of Keyword element(s): {Count} |
| 490 | At least one practice area or specialty is required |
| 491 | Invalid practice area or specialty |
| 492 | Activity cannot be deleted. |
| 754 | No new learner counts were entered for this activity |
| 999 | General activity record processing error. |
| 999 | Fatal Error: Please contact IT Support. |