

SELF-STUDY REPORT OUTLINE FOR REACCREDITATION

For reference by organizations receiving accreditation decisions

in March, July, and November 2026

This document includes the questions that organizations will be asked to respond to in completing the Self-Study Report. **It is provided for informational purposes only. The ACCME reserves the right to modify questions for clarity and completeness at any time.**

In the Self-Study Report, you will provide the information requested in concise narrative explanations and statements, in tables provided, and with uploaded documents (maximum size of 25MB per document) to verify that your CME program meets the ACCME’s requirements. We encourage you to be succinct, answer the questions directly, and avoid extraneous information. Provide uploads only where requested. Do not upload miscellaneous documents to the document tabs in the online forms. **Miscellaneous documents that are not requested will not be reviewed.**

**ACCME and CMA-accredited providers:**

All information and materials must be submitted in the ACCME’s Program and Activity Reporting System (PARS), [**https://parsa.accme.org/**](https://parsa.accme.org/). This outline has been created to assist you in navigating the online Self-Study Report in PARS.

# PROLOGUE

## CME PROGRAM HISTORY

**Enter a brief history of your continuing medical education program.**

Enter Response Here

## ORGANIZATIONAL CHART

**Upload an organizational chart that shows the leadership and structure of your CME program.**

# CME MISSION AND PROGRAM IMPROVEMENT

## [MISSION](https://www.accme.org/accreditation-rules/accreditation-criteria/mission)

**Enter the expected results component of your CME mission statement. The expected results must be articulated in terms of competence, performance, or patient outcomes.**

Enter Response Here

## [PROGRAM ANALYSIS](https://www.accme.org/accreditation-rules/accreditation-criteria/program-analysis)

**Describe your conclusions on the degree to which you have met the expected results of your mission. *These conclusions should be based on the data you have obtained to support your analysis of learner change across your overall program of accredited activities.***

Enter Response Here

## [PROGRAM IMPROVEMENTS](https://www.accme.org/accreditation-rules/accreditation-criteria/program-improvements)

**Describe the needed or desired changes in the overall program required to improve your ability to meet your CME mission that have been identified, planned, and implemented during the accreditation term.**

Enter Response Here

# EDUCATIONAL PLANNING AND EVALUATION

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

**Describe what you do to ensure your organization identifies the professional practice gaps of your learners and the educational needs that underlie the practice gaps.**

Enter Response Here

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

**Describe what you do to ensure your organization designs activities to change the competence, performance, or patient outcomes of your learners.**

Enter Response Here

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

**In addition to identifying the educational formats that you choose, explain why these formats are appropriate for the settings, objectives, and desired results of your activities.**

Enter Response Here

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

**Describe what you do to ensure your activities/educational interventions are developed in the context of desirable physician attributes (competencies).**

Enter Response Here

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

**Describe the strategies you use to obtain data on changes in learners’ competence, performance, or patient outcomes across your overall program of accredited activities.**

Enter Response Here

 **AND**

**Based on the data obtained on learner change, describe your conclusions as to whether or not you were able to change learner competence, performance or patient outcomes across your overall program of accredited activities.**

Enter Response Here

# STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION

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

**Describe what you do to ensure that the content of CME activities and your accredited CME program meet all four elements of Standard 1.**

Enter Response Here

## [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)

**Describe what you do to ensure that the content of your accredited activities and your accredited CME program meet expectations of elements 1 AND 2 of Standard 2.**

Enter Response Here

AND

**Describe what you do to ensure that names or contact information of learners are not shared with any ineligible company or its agents without the explicit consent of learners.**

Enter Response Here

## [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)

***It is expected that all providers have processes in place to identify, mitigate and disclose all relevant financial relationships for all individuals in control of content, even if some or all of the provider’s activities meet the Standard 3 Exceptions, including accredited education that is non-clinical, where the learner group is in control of content, and/or self-directed education where the learner controls their educational goals.***

**Describe the process(es) you have in place to collect information from all planners, faculty, and others in control of educational content about all financial relationships with ineligible companies to meet the expectations of Standard 3.1 and that your process includes:**

**a) the complete definition of an ineligible company and**

**b) the individual completing the form/mechanism is instructed to include ALL financial relationships with ineligible companies for the prior 24 months.**

 Enter Response Here

**Does your organization use employees or owners of ineligible companies in its accredited activities?**

 *Choose an item.*

**If yes, describe the process(es) you have in place to meet the expectations of Standard 3.2 (a-c).**

Enter Response Here

**Describe the process(es) you use to determine which financial relationships are relevant to the educational content.**

Enter Response Here

**Describe the method(s) you use to mitigate all relevant financial relationships for individuals involved in the planning of CME activities, such as planner/editor/reviewer roles.**

Enter Response Here

**Describe the method(s) you use to mitigate all relevant financial relationships for individuals with speaker/author/moderator/facilitator roles.**

Enter Response Here

**Describe the method(s) you use to inform learners of the presence or absence of relevant financial relationships of all individuals in control of content.**

Enter Response Here

**Describe the method(s) you use to inform learners that all relevant financial relationships have been mitigated.**

Enter Response Here

## Describe what you do to ensure that your organization does NOT engage in joint providerships with ineligible companies.

Enter Response Here

## [STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY](https://accme1.sharepoint.com/AccSvcs/General%20Accreditation%20Related%20Projects/STANDARD%204%3A%20MANAGE%20COMMERCIAL%20SUPPORT%20APPROPRIATELY)

**Does your organization accept commercial support\*?**

***\*Commercial support is defined in Standard 4 as financial or in-kind support from ineligible companies in direct support of accredited education.***

**PLEASE NOTE: This does not include fees for advertising and exhibits.**

Choose an item.

**If yes, describe what do you do to ensure your organization meets the expectations of all four elements of Standard 4.**

Enter Response Here

## [STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-5-manage-ancillary-activities-offered-conjunction-accredited)

**Does your organization offer ancillary activities, including advertising, sales, exhibits, or promotion for ineligible companies and/or nonaccredited education in conjunction with your accredited CE activities?**

Choose an item.

**If yes, describe what you do to ensure that your organization meets the expectations of all three elements of Standard 5.**

Enter Response Here

# ACCME POLICIES

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

**Describe what you do to ensure that your CME activities meet the requirements of the Accreditation Statement Policy.**

Enter Response Here

## [CME ATTENDANCE RECORDS RETENTION POLICY](https://www.accme.org/accreditation-rules/policies/cme-activity-and-attendance-records-retention)

**Describe the mechanism your organization uses to record and verify physician participation for six years from the date of your accredited activities.**

Enter Response Here

**AND**

**Upload an example of the information or report(s) your mechanism can produce for an individual participant.**

## [CME ACTIVITY RECORDS RETENTION POLICY](https://www.accme.org/accreditation-rules/policies/cme-activity-and-attendance-records-retention)

**Describe what your organization does to ensure that activity files/records of CME activity planning and presentation are retained during the current accreditation term or for the last twelve months, whichever is longer.**

Enter Response Here

# AMA CREDIT DESIGNATION STATEMENT

## DOCUMENTATION REQUIREMENTS FOR *AMA PRA CATEGORY 1 CREDIT™*

The ACCME collects additional evidence for the American Medical Association (AMA) from the sample of your activities selected for performance-in-practice review to demonstrate how well and how consistently your organization is meeting some of the *AMA PRA Category 1 Credit™* requirements. As a service to both the provider and the credit system, the ACCME collects this evidence and transmits it for the AMA’s review and follow‐up with providers.

This information will not be considered as part of your ACCME accreditation decision and will not elicit feedback from the ACCME.

Providers must submit evidence of the use of the appropriate *AMA PRA Category 1 CreditTM* designation statement as presented to learners for each of the activities selected for review in this reaccreditation process.

For more information on the AMA’s credit designation statement, review the information provided in the [The AMA Physician’s Recognition Award and credit system booklet](https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/pra-booklet_0.pdf) (see page 7).

**Upload the evidence as a single PDF file named “ACCME Provider ID #\_AMA”. In the PDF file, create a bookmark for each activity selected for review, using this format to name each bookmark: [Brief Activity Title] YYYYMMDD.]**

**(Only one upload allowed)**

# ACCREDITATION WITH COMMENDATION

## [MENU OF NEW CRITERIA FOR COMMENDATION](https://www.accme.org/resources/video-resources/accreditation-commendation) (Select eight criteria)

If your organization chooses to submit for Accreditation with Commendation, you must demonstrate compliance with eight of the 16 criteria, including at least one from the Achieves Outcomes category.

**IMPORTANT:** A provider will not be considered for commendation if descriptions/evidence are presented for fewer than eight criteria and/or if descriptions/evidence are not presented for at least one criterion from the Achieves Outcomes category. Descriptions/evidence will not be considered for more than eight criteria.

**Is your organization submitting for Accreditation with Commendation? You must complete this question to submit your Self-Study Report.**

Choose an item.

*If you select "No", you will not be able to enter evidence for the commendation criteria, and you will proceed to submit your Self-Study Report.*

## [COMMENDATION PROGRAM SIZE](https://www.accme.org/faq/how-do-i-determine-size-my-cme-program-when-applying-for-accreditation-commendation)

**Select the size of your CME Program based on the total number of activities for the current accreditation term at the point of submission:**

Choose an item.

**Check the 8 Commendation Criteria (including at least one from the Achieves Outcomes category) that you have are submitting for review:**

[ ]  Engages Teams

[ ]  Engages Patients/Public

[ ]  Engages Students

[ ]  Advances Data Use

[ ]  Addresses Population Health

[ ]  Collaborates Effectively

[ ]  Optimizes Communication Skills

[ ]  Optimizes Technical/Procedural Skills

[ ]  Creates Individualized Learning Plans

[ ]  Utilizes Support Strategies

[ ]  Engages in Research/Scholarship

[ ]  Supports CPD for CME Team

[ ]  Demonstrates Creativity/Innovation

[ ]  *Improves Performance*

[ ]  *Improves Healthcare Quality*

[ ]  *Improves Patient/Community Health*

## [ENGAGES TEAMS](https://www.accme.org/accreditation-rules/accreditation-criteria/engages-teams)

**We attest that our organization has met the Critical Elements for ENGAGES TEAMS in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

[ ]  Yes, we attest to the above statement.

**Name & Title of Attestor**

Enter Response Here

**Submit evidence for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). Complete one row for each activity.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | List the professions of the PLANNERS (e.g., physicians, nurses, social workers). | List the professions of the FACULTY (e.g., physicians, nurses, social workers). | Describe how the activity created an interprofessional learning experience to support a change in the competence or performance of the healthcare team. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## [ENGAGES PATIENTS/PUBLIC](https://www.accme.org/accreditation-rules/accreditation-criteria/engages-patientspublic)

**We attest that our organization has met the Critical Elements for ENGAGES PATIENTS/PUBLIC in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

[ ]  Yes, we attest to the above statement.

**Name & Title of Attestor**

Enter Response Here

**Submit evidence for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). Complete one row for each activity.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | List and label the patients and/or public representatives who were PLANNERS. (e.g., John Smith – patient; Jane Jones – public rep) | List and label the patients and/or public representatives who were FACULTY. (e.g., John Smith – patient; Jane Jones – public rep) | For individuals listed as public representatives, describe how each of these individuals qualifies as a “public representative”. (e.g., Jane Jones – president of patient advocacy group related to activity content) |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## [ENGAGES STUDENTS](https://www.accme.org/accreditation-rules/accreditation-criteria/engages-students)

**We attest that our organization has met the Critical Elements for ENGAGES STUDENTS in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

[ ]  Yes, we attest to the above statement.

**Name & Title of Attestor**

Enter Response Here

**Submit evidence for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). Complete one row for each activity.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | List the health professions of the students involved in the activity planning, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and describe how the students participated as PLANNERS of the activity.  | List the health professions of the students involved in the activity presentation, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and describe how the students participated as FACULTY of the activity. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## [ADVANCES DATA USE](https://www.accme.org/accreditation-rules/accreditation-criteria/advances-data-use)

**Submit evidence for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). Complete one row for each activity.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format  | Describe how the activity taught learners about collection, analysis, or synthesis of health/practice data. | Describe how the activity used health/practice data to teach about healthcare improvement. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## [ADDRESSES POPULATION HEALTH](https://www.accme.org/accreditation-rules/accreditation-criteria/addresses-population-health)

**We attest that our organization has met the Critical Elements for ADDRESSES POPULATION HEALTH in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

[ ]  Yes, we attest to the above statement.

**Name & Title of Attestor**

Enter Response Here

**Submit evidence for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). Complete one row for each activity.**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe how the activity expanded your CME program beyond clinical care education and provided strategies that learners can use to achieve improvements in population health. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## [COLLABORATES EFFECTIVELY](https://www.accme.org/accreditation-rules/accreditation-criteria/collaborates-effectively)

**Describe four collaborations with healthcare or community organizations during the current term of accreditation and how each collaboration augmented your organization’s ability to address population health issues.**

|  |  |
| --- | --- |
| Example 1 | Enter Response Here |
| Example 2 | Enter Response Here |
| Example 3 | Enter Response Here |
| Example 4 | Enter Response Here |

## [OPTIMIZES COMMUNICATION SKILLS](https://www.accme.org/accreditation-rules/accreditation-criteria/optimizes-communication-skills)

**Submit evidence for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). Complete one row for each activity.**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe the elements of the activity that addressed communication skills AND how you evaluated the observed communication skills of the learners and provided formative feedback to the learners. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## [OPTIMIZES TECHNICAL/PROCEDURAL SKILLS](https://www.accme.org/accreditation-rules/accreditation-criteria/optimizes-technicalprocedural-skills)

**Submit evidence for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). Complete one row for each activity.**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe the elements of the activity that addressed psychomotor technical and/or procedural skills AND how you evaluated the observed psychomotor technical and/or procedural skills of the learners and provided formative feedback to the learners. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## [CREATES INDIVIDUALIZED LEARNING PLANS](https://www.accme.org/accreditation-rules/accreditation-criteria/creates-individualized-learning-plans)

**We attest that our organization has engaged the number of learners that matches the size of our CME program, as described in the examples provided in the table below.**

[ ]  Yes, we attest to the above statement.

**Name & Title of Attestor**

Enter Response Here

**Complete the table below describing individualized learning plan(s) your organization created, report the number of learners that participated appropriate for the size of your CME program (S:25; M:75; L:125; XL:200), and upload an actual example of the individualized feedback provided to the learner to close practice gaps.**

**Complete one row per plan.**

|  |  |  |
| --- | --- | --- |
| Describe the individualized learning plan and explain how the plan requires repeated engagement and provides feedback to the learner. | How many learners participated in the longitudinal curriculum/plan during the accreditation term? | Upload an example of individualized feedback provided to the learner to close practice gaps. |
| Enter Response Here | Enter Response Here | Upload Required |

## [UTILIZES SUPPORT STRATEGIES](https://www.accme.org/accreditation-rules/accreditation-criteria/utilizes-support-strategies)

**We attest that our organization has met the Critical Elements for UTILIZES SUPPORT STRATEGIES in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

[ ]  Yes, we attest to the above statement.

**Name & Title of Attestor**

Enter Response Here

**Submit evidence for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). Complete one row for each activity.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe the support strategies that were adjunctive to the activity. | Provide your analysis of the effectiveness of the strategies. | Describe planned or implemented improvements. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## [ENGAGES IN RESEARCH/SCHOLARSHIP](https://www.accme.org/accreditation-rules/accreditation-criteria/engages-researchscholarship)

**Provide examples of two scholarly projects. Complete one row for each project.**

|  |  |  |
| --- | --- | --- |
|  | Describe two scholarly projects your organization completed during the accreditation term relevant to CME (i.e., related to the effectiveness of and best practices in CME supports the success of the CME enterprise) and the dissemination method used for each one (e.g., poster, abstract, manuscript). | For each project, upload a copy of the project itself (e.g., poster, abstract, presentation, manuscript).  |
| Project 1 | Enter Response Here | Upload Required |
| Project 2 | Enter Response Here | Upload Required |

## [SUPPORTS CPD FOR CME TEAM](https://www.accme.org/accreditation-rules/accreditation-criteria/supports-cpd-for-cme-team)

**List the individuals regularly involved in the planning and development of your CME activities who comprise your CME team.**

Enter Response Here

**Describe the CPD needs that you identified for all members of the team during the term of accreditation.**

Enter Response Here

**Describe the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated.**

Enter Response Here

## [DEMONSTRATES CREATIVITY/INNOVATION](https://www.accme.org/accreditation-rules/accreditation-criteria/demonstrates-creativityinnovation)

**Identify four examples of innovations implemented during your current accreditation term and describe:**

1. **how each innovation is new to your CME program and**
2. **how it contributed to your organization’s ability to meet your mission.**

|  |  |
| --- | --- |
| Example 1 | Enter Response Here |
| Example 2 | Enter Response Here |
| Example 3 | Enter Response Here |
| Example 4 | Enter Response Here |

## [IMPROVES PERFORMANCE](https://www.accme.org/accreditation-rules/accreditation-criteria/improves-performance)

**We attest that our organization has met the Critical Elements for IMPROVES PERFORMANCE in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

[ ]  Yes, we attest to the above statement.

**Name & Title of Attestor**

Enter Response Here

**Describe the method(s) used to measure performance changes of learners.**

Enter Response Here

**Submit evidence for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). Complete one row for each activity.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | # of learners that participated in the activity | # of learners whose performance was measured | # of learners that improved performance | Itemize the method(s) used to measure change in performance of learners | Describe the improvements in the performance of learners |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## [IMPROVES HEALTHCARE QUALITY](https://www.accme.org/accreditation-rules/accreditation-criteria/improves-healthcare-quality)

**Describe two examples in which your organization collaborated in the process of healthcare quality improvement, including the improvements that resulted from the collaboration and data (qualitative or quantitative) that demonstrates those improvements.**

|  |  |  |
| --- | --- | --- |
|  | Describe the collaboration. | Describe the improvements in healthcare quality that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements. |
| Example 1 | Enter Response Here | Enter Response Here |
| Example 2 | Enter Response Here | Enter Response Here |

## [IMPROVES PATIENT/COMMUNITY HEALTH](https://www.accme.org/accreditation-rules/accreditation-criteria/improves-patientcommunity-health)

**Describe two examples of your organization's collaboration in the process of improving patient or community health that includes CME, including the improvements that resulted from the collaboration and data (qualitative or quantitative) that demonstrates those improvements.**

|  |  |  |
| --- | --- | --- |
|  | Describe the collaboration. | Describe the improvements in patient/community health that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements. |
| Example 1 | Enter Response Here | Enter Response Here |
| Example 2 | Enter Response Here | Enter Response Here |