Text

Description automatically generated

**Surveyor Report Form Questions for 2026 Cohorts**

**ALL CRITERIA, STANDARDS & POLICIES**

***CME MISSION AND PROGRAM IMPROVEMENT***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider's mission statement include expected results articulated in terms of changes in competence, performance, or patient outcomes?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Mission criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider gather data or information and conduct a program-based analysis on the degree to which the expected results component of its CME mission has been met through the conduct of CME activities/educational interventions?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Program Analysis criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider identify, plan, and implement needed or desired changes in the overall program that are required to improve its ability to meet the CME mission?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Program Improvements criterion.*

Enter Response Here

***EDUCATIONAL PLANNING AND EVALUATION***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider’s process(es) identify the professional gaps and the underlying educational needs of its learners?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Educational Needs criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider design its activities 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, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Designed to Change criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider choose formats that are appropriate to the setting, objectives, and desired results of its activities?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Appropriate Formats criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider develop its activities/educational interventions in the context of desirable physician attributes?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Competencies criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider analyze and reach a conclusion regarding changes achieved in learners’ competence, performance, or in patient outcomes based on data and information from its program’s activities/educational interventions?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Analyze Change criterion.*

Enter Response Here

***STANDARDS FOR INTEGRITY AND INDEPENCENCE 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)

* *Does the provider:*

1. *ensure all recommendations for patient care in accredited continuing education is based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options;*
2. *ensure all scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation;*
3. *facilitate engagement with new and evolving topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning; and,*
4. *ensure that the provider does not advocate for unscientific approaches to diagnosis or therapy, and their education does not promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients?*

*Choose an item.*

* *If you indicated no or the standard was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding 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)

* *Does the provider:*

1. *ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company;*
2. *ensure that its education is free of marketing or sales of products or services,*
3. *ensure that the names or contact information of learners are not shared with any ineligible company or its agents without the explicit consent of individual learners?*

*Choose an item.*

* *If you indicated no to any of the questions or the standard was discussed in the interview, please explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 2.*

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)

* *Does the provider describe process(es) to collect information from all planners, faculty, and others in control of educational content about all financial relationships with ineligible companies?*

*Choose an item.*

* *Does the provider use owners or employees of ineligible companies in its accredited activities?*

*Choose an item.*

* *If YES, does the provider describe processes to meet the expectations of Standard 3.2 (a-c) regarding the appropriate use of owners/employees of ineligible companies in accredited CE??*

*Choose an item.*

* *Does the provider describe processes that would determine which financial relationships are relevant to the educational content?*

*Choose an item.*

* *Does the provider describe methods appropriate to mitigate all relevant financial relationships for individuals involved in the planning of CME activities, such as planner/editor/reviewer roles?*

*Choose an item.*

* *Does the provider describe methods appropriate to mitigate all relevant financial relationships for individuals with speaker/author/moderator/facilitator roles?*

*Choose an item.*

* *Does the provider describe methods that would inform learners of the presence or absence of relevant financial relationships of all individuals in control of content?*

*Choose an item.*

* *Does the provider ensure that learners are informed that all relevant financial relationships have been mitigated?*

*Choose an item.*

* *Does the provider ensure that its organization does NOT engage in joint providerships with ineligible companies?*

*Choose an item.*

* *If you indicated no to any of the above questions or the standard was discussed in the interview, explain why and/or describe the discussion. Please identify the question(s) you are addressing in your comments.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 3.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## [**STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY**](https://accme1-my.sharepoint.com/personal/wmayer_accme_org/Documents/Desktop/STANDARD%204:%20MANAGE%20COMMERCIAL%20SUPPORT%20APPROPRIATELY)

* *If the provider accepts commercial support, does the provider ensure that it:*

1. *makes all decisions regarding the receipt and disbursement of the commercial support;*
2. *provides documentation of agreements with ineligible companies and execute all agreements prior to the start of the accredited education;*
3. *keeps a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support; and,*
4. *discloses 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 does not accept commercial support.

*Choose an item.*

* *If you indicated no or the standard was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding 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 the provider ensure that:*

1. *arrangements to allow ineligible companies to market or exhibit in association with accredited education do not influence any decisions related to the planning, delivery, and evaluation of the education; do not interfere with the presentation of the education; or be a condition of the provision of financial or in-kind support from ineligible companies for the education;*
2. *learners can easily distinguish between accredited education and other activities;*
3. *ineligible companies do not provide access to, or distribute, accredited education to learners?*

Select "Not Applicable" if the provider does not offer ancillary activities.

*Choose an item.*

* *If you indicated no or the standard was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 5.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider ensure that its CME activities meet the requirements of the Accreditation Statement Policy?*

*Choose an item.*

* *If you indicated no or the policy was discussed in the interview, please explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding 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)

* *Does the provider describe and demonstrate that it has a mechanism in place to record and, when authorized, verify participation of participating physicians for six years after the date of the activity?*

*Choose an item.*

* *If you indicated no or the policy was discussed in the interview, please explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the CME Activity and Attendance Records Retention Policy.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Does the provider describe a process that would ensure 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?*

*Choose an item.*

* *If you indicated no or the policy was discussed in the interview, please explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the CME Activity and Attendance Records Retention Policy.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMA Credit Designation Statement**  
**(NOT FOR SURVEYOR REVIEW)**

***ACCREDITATION WITH COMMENDATION***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider attest that it 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 based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Title** | **Included PLANNERS from more than one profession.** | **Included FACULTY from more than one profession.** | **Designed to change competence and/or performance of team.** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages Patients/Public criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider attest that it has met the critical elements for ENGAGES PATIENTS/PUBLIC in at least 10% of the CME activities (but no less than two) during the term based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title** | **Included patients/public representatives as PLANNERS.** | **Included patient/public representatives as FACULTY.** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages Patients/Public criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider attest that it has met the Critical Elements for ENGAGES STUDENTS in at least 10% of the CME activities (but no less than 2 activities) during the term based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title** | **Included students of health professions as PLANNERS.** | **Included students of health professions as FACULTY.** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages Students criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title** | **Teaches about collection, analysis, or synthesis of health/practice data.** | **Uses health/practice data to teach about healthcare improvement.** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Advances Data Use criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider attest that it 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 term based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements? Complete one row for each activity.*

|  |  |  |
| --- | --- | --- |
| **Activity Title** | **Did the activity expand the provider’s CME program beyond clinical care education and provide strategies that learners can use to achieve improvements in population health?** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Addresses Population Health criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *In the evidence provided, did the provider show it met the Critical Elements?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **The provider created or continued collaborations with one or more healthcare or community organizations.** | **The collaborations augmented the provider’s ability to address population health issues.** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| **Example 1** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 2** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 3** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 4** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Collaborates Effectively criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Title** | **Did the activity address communication skills?** | **Did the provider observe and evaluate the communication skills of the learners?** | **Did the provider describe that it gave formative feedback to the learner about communication skills?** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Optimizes Communication Skills criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider submit the correct number of activities for its program size? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Title** | **Did the activity address psychomotor technical and/or procedural skills?** | **Did the provider observe and evaluate psychomotor technical and/or procedural skills of the learners?** | **Did the provider describe that it gave formative feedback to the learner about the psychomotor technical and/or procedural skills?** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Optimizes Technical/Procedural Skills criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider track the learner’s repeated engagement with a longitudinal curriculum/plan over weeks or months?*

*Choose an item.*

* *Did the provider demonstrate that it gave individualized feedback to the learner to close practice gaps?*

*Choose an item.*

* *Did the provider demonstrate that the required number of learners engaged in the longitudinal curriculum/plan based on the size of its CME program for the accreditation term? S:25; M:75; L:125; XL:200*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Creates Individualized Learning Plans criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider attest that it 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 term based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title** | **Did the provider utilize support strategies to enhance change as an adjunct to its CME?** | **Did the provider conduct an analysis of the effectiveness of the strategies and plan improvements?** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Utilizes Support Strategies criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider conduct scholarly pursuit relevant to CME?*

*Choose an item.*

* *Did the provider submit, present, or publish a poster, abstract, or manuscript to or in a peer-reviewed forum?*

*Choose an item.*

* *Did the provider submit a description of two projects completed during the accreditation term?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages In Research/Scholarship criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider create a CME-related continuous professional development plan for all members of its CME team?*

*Choose an item.*

* *Did the provider create a learning plan based on the needs assessment of the team?*

*Choose an item.*

* *Did the provider’s learning plan include activities external to the provider?*

*Choose an item.*

* *Did the provider dedicate time and resources for the CME team to engage in the plan?*

*Choose an item.*

* *Did the provider implement the plan for the CME team during the accreditation term?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Supports CPD For CME Team criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider submit descriptions of four examples during the accreditation term?*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Did the provider Implement innovations that are new to its CME program?** | **Did the provider describe how the innovations contributed to its ability to meet its mission.** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| **Example 1** | (Yes/No) | (Yes/No) | Enter Text |
| **Example 2** | (Yes/No) | (Yes/No) | Enter Text |
| **Example 3** | (Yes/No) | (Yes/No) | Enter Text |
| **Example 4** | (Yes/No) | (Yes/No) | Enter Text |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Demonstrates Creativity/Innovation criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider attest that at least 10% of the organization's activities improved the performance of its learners?*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Title** | **Did the provider measure changes in the performance of its learners?** | **Did the provider describe the method(s) used to measure performance change?** | **Did the provider demonstrate that the majority of learners improved performance?** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Text* | *Yes/No* | *Yes/No* | *Yes/No* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Improves Performance criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term?*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Did the provider collaborate in the process of healthcare quality improvement?** | **Did the provider demonstrate improvements in healthcare quality?** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| **Example 1** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 2** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Improves Healthcare Quality criterion.*

Enter Response Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* *Did the provider submit two examples that demonstrated improvement in patient or community health in areas related to the CME program at least twice during the accreditation term?*

*Choose an item.*

* *In the evidence provided, did the provider show it met the Critical Elements?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Did the provider collaborate in the process of improving patient or community health?** | **Did the provider demonstrate improvement in patient or community outcomes?** | **If you indicated no or the examples were discussed in the interview, explain why and/or describe the discussion.** |
| **Example 1** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 2** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Improves Patient/Community Health criterion.*

Enter Response Here