

The Accreditation Council for Continuing Medical Education (ACCME<sup>®</sup>) is committed to promoting a dynamic CME enterprise that is well-positioned to adapt to the changing educational needs and expectations of clinician-learners today and in the years to come. To realize our vision of leveraging education's power to improve the quality of care for the patients and communities we serve, the ACCME has included it as a component of its [Criteria for Accreditation with Commendation](#).

The ACCME supports research that assesses the effectiveness of CME and/or identifies best practices in CME and/or is in service to the overall CME enterprise. The ACCME is, therefore, making available anonymized ACCME data (sample listed below) for appropriate research.

- ✓ Activity format
- ✓ Activity title
- ✓ Content description
- ✓ Providership (direct or joint)
- ✓ Outcome level evaluated (knowledge, competence, performance, patient health, community/population health)
- ✓ Number of physicians who participated in the activity
- ✓ Number of other learners who participated in the activity
- ✓ Commercial support received (Y/N)
- ✓ Number of AMA-PRA Category 1 Credits available
- ✓ Whether or not the activity offered credit for Maintenance of Certification (MOC), and if yes, for which certifying board
- ✓ If the activity met the specifications of the FDA's Opioid Analgesics Risk Evaluation and Mitigation Strategy (Y/N)

Researchers interested in utilizing anonymized ACCME data should complete and submit this form. Please note that incomplete submissions will not be considered.

Comments and questions may be directed to [research@accme.org](mailto:research@accme.org).

## DATA REQUEST FORM

<b>Lead researcher</b>	
Your current CV must accompany this data request form	

Contact information	
<b>Email</b>	
<b>Mailing address</b>	
<b>Telephone</b>	

<b>Descriptive title of research project</b>	
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Institution associated with research project	
<b>Organization name &amp; department</b>	
<b>Mailing address</b>	
<b>Telephone</b>	

Senior/key people associated with research project		
Name	Organization/Title	Email

## DATA REQUEST FORM

### Disclosure

*Please use the following ACCME definitions to identify and disclose all financial relationships with any ineligible companies.*

*The ACCME defines ineligible companies as "those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients."*

*There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies within the prior 24 months.*

*Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.*

## DATA REQUEST FORM

**Research question(s)**

**Data being requested**

## DATA REQUEST FORM

### Methodology

### Goal of the proposed research



## DATA REQUEST FORM

### Information security

Study data must be maintained in a secure and controlled environment. Please check the information security practices to be used:

- Institute supported, controlled access server
- Institute supported, password protected desktop computer
- Encrypted, password protected laptop computer
- Encrypted portable media (encrypted external hard drive, encrypted thumb drive)
- Unencrypted portable media backup (CD, DVD, thumb drive) stored in locked file cabinet
- Private (institutional) or commercial encrypted cloud

### Funding source(s)

## DATA REQUEST FORM

**By submitting this Data Request Form, you:**

- Recognize that, depending upon the nature and complexity of the request, a data processing and preparation fee may be incurred – any fee will be determined during ACCME’s review of the Data Request Form.
- Understand that all individuals who have access to the data being requested will be required to sign a non-disclosure/data protection agreement that may include additional terms beyond those in this Form.
- Agree that, upon completion of this project, you will (a) return or destroy the original data file and all copies, and derivatives whether combined or integrated into another data set; and (b) send the ACCME confirmation that this has been completed.
- Agree to submit progress reports to the ACCME, in keeping with an established/agreed-upon schedule, that will include a summary of progress to date and a listing of anticipated publication submissions.
- Understand that the requested ACCME data may not be shared or transferred to any other researcher or any third-party, without the prior written permission of the ACCME.
- Agree to submit to the ACCME a pre-print or embargoed copy of any publication resulting from this project at least 21 days prior to the anticipated date of publication, and to provide the ACCME a copy of the published research after publication.

ACCME will only respond to complete Data Request Forms that are accompanied by the following documents:

- Current CV of lead researcher
- Local Internal Review Board approval or exemption

Applications are considered on an on-going basis in the order they are received.

**SUBMIT TO RESEARCH@ACCME.ORG**