

*Learn to Thrive 2026*

# **Joint Providership Toolkit:** An Essential Guide for Fruitful Joint Providership

A product of the Learn to Thrive 2025 Working Group *Best Practices for Cultivating Fruitful Joint Providership in Continuing Education.*



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# Acknowledgment

The seeds for this toolkit were first planted at the 2025 ACCME Learn to Thrive meeting in Chicago, IL. The energy, curiosity, and shared commitment to elevating joint providership expressed during that convening helped crystallize the vision for this resource.

We are grateful to the colleagues who contributed early insights, posed thoughtful questions, and affirmed the need for practical, community-driven solutions. Your engagement helped shape the foundation upon which this toolkit was built.

We also extend our sincere appreciation to the members of the Joint Providership Working Group. This resource is the result of your experience, open collaboration, and dedication to strengthening accredited continuing education. Thank you for generously sharing your time, expertise, and lived lessons from the field. The development of this toolkit would not have been possible, and certainly would not have been as rich, relevant, or grounded, without your contributions.

A special acknowledgment goes to the Accreditation Council for Continuing Medical Education (ACCME®) for fostering a culture of collaboration, innovation, and continuous improvement across the continuing education/continuing professional development CE/CPD community. This toolkit was inspired by those shared experiences and developed in alignment with the ACCME's vision for accredited education that drives meaningful change in healthcare.

Finally, to the wider CE/CPD community: we recognize and honor the ongoing work and collective commitment of all who strive to advance high-quality, independent education that improves clinician performance and patient care. May this toolkit serve as one more branch in the growing tree of shared knowledge—supporting our collective mission to nurture curiosity, integrity, and excellence in lifelong learning.

# Working Group Aim

The goal of this working group is to develop a joint providership toolkit that provides accredited continuing education (CE) professionals with a practical guide to plan and manage joint providerships that are both effective collaborations and meet accreditation requirements.

## Background

The ACCME defines joint providership as the provision of a continuing medical education (CME) activity by one or more accredited and one or more nonaccredited organizations. Therefore, organizations accredited by the ACCME that plan and present one or more activities with non-ACCME accredited providers are engaging in **joint providership**. Please note: the ACCME does not intend to imply that a joint providership relationship is an actual legal partnership. Therefore, the ACCME does not include the words partnership or partners in its definition of joint providership or description of joint providership requirements.

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement.

Joint providership can be a strategic opportunity for accredited CE/CPD providers and non-accredited providers to enhance the diversity and value of their educational offerings. However, there are also risks when an accredited CE/CPD provider decides to engage in joint providership. Accredited CE/CPD providers must be equipped with the essential knowledge and strategies to manage risks and maximize the potential benefits of joint providership. The ACCME offers general rules for joint providership. There is limited practical guidance on how to conduct joint providership effectively. This toolkit aims to provide a comprehensive framework with tips and tools that could help CE/CPD providers navigate the joint providership process successfully with confidence.

# Disclaimer

The resources, tools, and guidance contained in this Joint Providership Toolkit were developed collaboratively by experienced CE/CPD professionals to support accredited providers in strengthening their joint providership processes. These materials reflect practical insights and shared best practices; however, they are neither intended to serve as legal or accreditation advice nor should they replace the user's own diligence to meet their organizational policies and accreditation expectations.

Use of this toolkit does not ensure or guarantee compliance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education, ACCME requirements, or achievement of Accreditation with Commendation. Each accredited provider remains responsible for interpreting and applying ACCME requirements appropriately and ensuring their own compliance.

Accredited providers are encouraged to consult ACCME's official resources and seek organizational or legal guidance as needed.

# How to Use This Toolkit

## A Framework to Guide You through Joint Providership

This toolkit provides a step-by-step framework for planning and managing joint providerships, using the imagery of a fruit-bearing tree to guide you step-by-step through the management of joint providership relationships with clarity and confidence. Each section represents an essential stage in building joint providerships that support meaningful continuing education and advance your educational mission. Together, these components illustrate how thoughtful planning, strong infrastructure, and trusted collaboration can yield positive outcomes for learners, organizations, and ultimately, patient care.

## Purpose of This Toolkit

This toolkit is designed to support accredited providers and prospective joint providers as they plan, implement, and evaluate jointly provided CE/CPD activities.

## How the Toolkit Is Organized

Use the table below to see how each section contributes to the joint providership lifecycle.








	Section	Focus
	<b>ROOTS</b>	Foundational understanding: definitions, roles, ACCME expectations, and vetting
	<b>TRUNK</b>	Operational workflow: step-by-step process, timelines, and compliance checkpoints
	<b>BRANCHES</b>	Practical tools: templates, forms, checklists, and examples
	<b>FRUIT</b>	Outcomes: success stories, metrics, lessons learned, and opportunities for improvement

Table 1. Structure of the Joint Providership Toolkit

### Icons Used Throughout This Toolkit:

-  **Learn More!** Indicates optional background information or definitions that provide additional context to deepen your understanding.
-  **Best Practice Tip** Highlights practical strategies, lessons learned, or recommendations that can help strengthen your joint providership processes and avoid common pitfalls.
-  **Cultivation Tool** Practical resources such as checklists, templates, forms, and worksheets, which you can adapt or adopt directly to support your joint providership planning and documentation.

## Who Should Use It

- Accredited provider CE/CPD staff
- Nonaccredited providers
- Organizations seeking to jointly provide an accredited CE/CPD activity
- Committee members, planners, and faculty involved in joint providership activities
- Teams seeking to standardize joint providership onboarding and workflows

## Where to Start

### 1. Begin in the ROOTS section

- Review core concepts, responsibilities, and requirements.
- Use the Vetting Checklist.
- Confirm alignment, capacity, and eligibility.

### 2. Follow the TRUNK workflow

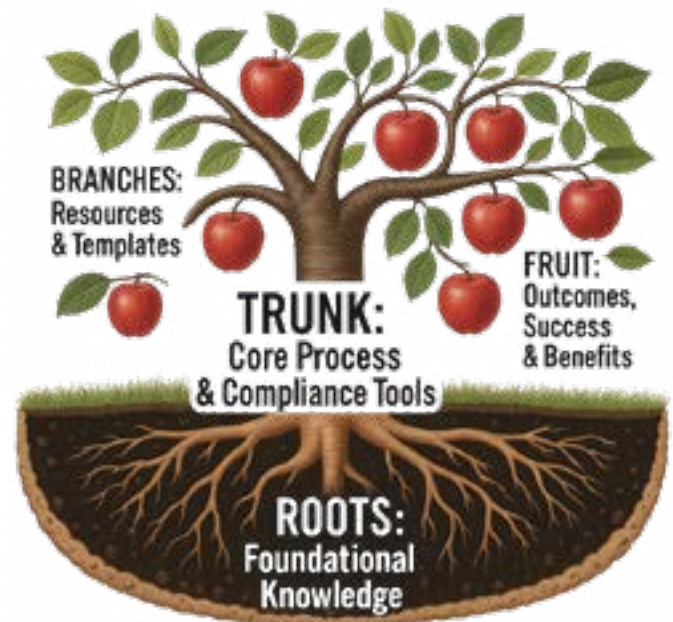
- Use the timeline and process map to guide planning and execution.

### 3. Download and adapt tools in BRANCHES

- Templates and worksheets help ensure accuracy and consistency.

### 4. Review FRUIT examples

- Understand how successful joint providership activities demonstrate value and impact.



## 5 Tips for Success

1. Treat joint providership as a collaboration, not a transactional process.
2. Communicate early and regularly—clarity prevents problems later.
3. Document thoroughly and consistently throughout the process.
4. Follow timelines and use the provided checklists and templates to stay on track.
5. When in doubt, ask questions to ACCME or your peers in the CE/CPD community—compliance support is part of the process.

# Quick Start Guide

This toolkit is built around a simple metaphor: healthy joint providerships grow from strong roots, a sturdy trunk, well-tended branches, and meaningful fruit.

## The ROOTS / TRUNK / BRANCHES / FRUIT Framework

- **ROOTS – Purpose, People, and Principles**  
Clarify why you are entering a joint providership, who is involved, and the core principles that guide the work (mission alignment, learner needs, independence from commercial influence, equity, and respect).
- **TRUNK – Governance, Standards, and Structure**  
Establish the foundation that keeps everything upright: understanding requirements, defining roles, setting expectations, and agreeing on the processes that will be used from start to finish.
- **BRANCHES – Processes, Workflows, and Tools**  
Translate principles into daily practice through clear workflows, checklists, forms, and communication plans that support planning, implementation, monitoring, documentation, and reporting. The [Program and Activity Reporting System \(PARS\)](#) is your tool for submitting data for joint providership activities.
- **FRUIT – Outcomes, Learning, and Relationship Health**  
Look at what your efforts produce: educational impact, practice change, compliance, and the quality of the partnership itself. Use what you learn to improve future activities and strengthen relationships.

## The Joint Providership Workflow in 7 Steps (Condensed)

1. **Explore Fit and Eligibility**  
Confirm mission alignment, learner benefit, eligibility, and capacity of the nonaccredited organization (joint provider) before moving forward.
2. **Gather Information and Assess Risk**  
Collect key details about the proposed activity, funding, audiences, and any potential conflicts of interest or compliance risks.
3. **Define Roles and Formalize the Agreement**  
Clearly document responsibilities, decision-making authority, timelines, and financial arrangements in a written agreement.
4. **Plan the Activity and Ensure Compliance**  
Collaboratively design content based on identified practice gaps and learning needs, applying ACCME requirements and your internal policies.

## 5. Implement the Activity and Monitor in Real Time

Deliver the activity as planned, monitor for meeting accreditation requirements or deviations from the agreement, and address issues promptly.

## 6. Document, Evaluate, and Close Out

Complete required documentation (attendance, disclosures, evaluation summaries, financial reconciliation) and prepare the final report.

## 7. Reflect, Learn, and Plan Next Steps

Review what worked, what didn't, and how the partnership felt for both parties. Decide whether and how to continue or revise future joint providerships.

### Key Advice

- **Vet partners early and thoroughly.** Make sure the proposed activity and organization align with your mission, values, and accreditation requirements before saying yes. Make sure that the organization does not advocate for unscientific approaches to diagnosis or therapy, and that their education does not promote 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, in accordance with [Standard 1.4](#).
- **Put roles and expectations in writing.** Use clear agreements and checklists so everyone knows who does what, by when, and under which standards. This includes marketing materials.
- **Keep the ACCME Standards visible at every stage.** Build them into your forms, agendas, planning conversations, and monitoring processes—not just the final review.
- **Monitor activities, don't just approve them.** Plan for onsite or virtual monitoring, if possible, to identify and correct issues in real time. Remember, as the accredited provider your organization is responsible for ALL aspects of the activity, and, while monitoring can serve as a quality assurance tool, it does not serve as a compliance or mitigation tool.
- **Close the loop with outcomes and debriefs.** Use evaluations, summary reports, and debrief conversations to capture lessons learned and decide how to improve the “fruit” of future joint providerships.

# Section 1: ROOTS



## Purpose: Joint Providership Foundational Knowledge and Basics


This section provides foundational knowledge essential for understanding joint providerships to ensure strong roots. These include knowing key terms and definitions, ACCME expectations, eligibility considerations, and shared purpose.

### 6 Tips to Ensure Strong Roots

#### 1. Review the definitions

##### Definition of Joint Providership

The ACCME defines joint providership as the provision of a CE/CPD activity by one or more accredited and one or more nonaccredited organizations. The ACCME does not intend to imply that a joint providership is an actual legal partnership. Therefore, the ACCME does not include the words partners or partnership in its definition of joint providership or description of joint providership requirements. (ACCME)<sup>1</sup>


 **Learn More!** See **Appendix 2** for Glossary of Terms related to joint providership.



#### Note

Joint providership is *different* from Joint Accreditation.


Joint Accreditation for Interprofessional Continuing Education offers an organization the opportunity to provide CE activities for multiple professions through a single unified application process.<sup>2</sup>

 **Learn More!** See **Appendix 1**.

#### 2. Know the different roles & responsibilities

Knowing the roles and responsibilities of accredited providers compared to joint providers is crucial because it provides clarity and structure, leading to increased efficiency, accountability, collaboration, and compliance.

The accredited provider must take responsibility for a CE/CPD activity when it is presented in cooperation with a nonaccredited organization. As a result, accredited providers should understand the potential impact of delegating those responsibilities to a (nonaccredited) joint provider.

 **Learn More!** See **Appendix 3** for more information about the roles of the accredited provider versus the joint provider.



### 3. Know who can offer joint providership and what type of organizations can participate


Accredited providers are explicitly prohibited from collaborating in joint providership with **ineligible companies** or with organizations that advocate for unscientific approaches to diagnosis or therapy, or if their education 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.

Accredited providers in good standing may offer joint providership services.

Regarding providers on probation, the ACCME states:

*“If a provider is placed on Probation, it may not jointly provide CME activities with nonaccredited providers, with the exception of those activities that were contracted prior to the Probation decision. A provider that is placed on Probation must inform the ACCME of all existing joint providership relationships, and must notify its current contracted joint providers of its probationary status.*

*Providers that receive a decision of Probation in two consecutive accreditation terms are prohibited from jointly providing activities until they regain their accreditation status. If the provider is found to be working in joint providership while under this probation, the ACCME will immediately change the provider’s status to Nonaccreditation.”*

 **Learn More!** See **Appendix 4** for more information about ACCME’s definition of an ineligible company including a structured self-assessment (vetting checklist) that you can use.

### 4. Ensure the use of appropriate accreditation statements

The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate ACCME accreditation statement.<sup>1,2</sup>

Per ACCME policy, *“The accreditation statement must appear on CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.”*

#### **ACCME Accreditation Statement for Jointly Provided Activities**

*“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.”*



## 5. Manage commercial support appropriately


The terms, conditions and purposes of the commercial support must be documented in a written agreement between the ineligible company and the accredited provider.

### Note

#### Key Concept: Written Agreements for Jointly Provided Activities

The ACCME expects that written agreements for commercial support for jointly provided activities will:

- be between the accredited provider and the commercial supporter
- include the name of the joint provider or third party who would be receiving and disbursing the funds (when applicable)
- be executed and agreed to by both the accredited provider and the ineligible company providing the commercial support. Third parties and/or joint providers may also be included in the written agreement but may not execute or agree to it instead of the accredited provider
- be executed prior to the activity taking place

 **Learn More!** See **Appendix 6** for the difference between commercial support and Ancillary Activities Offered in Conjunction with Accredited Continuing Education (e.g., exhibits, advertising and promotion for ineligible companies).

## 6. Decide if you want to establish a fee schedule

Accredited providers have full discretion in determining whether to charge a joint providership fee and how to structure it. Fee schedules vary widely based on the scope of services offered, the level of staff involvement, and the complexity of the planned educational activity. The ACCME does not require or prohibit the use of joint providership fees, allowing accredited providers the flexibility to develop a fee structure that aligns with their operational capacity, support needs, and institutional policies.

### **Beware of Weak Roots — Lack of Foundation**

- Misalignment of mission or values between accredited and joint providers
- Inadequate understanding of ACCME requirements
- Poor vetting of the joint provider before beginning work
- No shared understanding of roles, responsibilities, and expectations

### **Infestation — Compliance Risks**

- Missing or incorrect accreditation statements & disclosure information
- Commercial support handled incorrectly

### **Additional Resource:**



Check out this tool! **Compliance Check from ACCME:**  
<https://accme.org/news/compliance-check-joint-providership-2/>

# Section 2: TRUNK



## Purpose: Core Processes and Compliance

Build a strong operational structure to support your joint providership relationship. This section walks through the essential workflow that helps ensure independence, consistency, and adherence to ACCME requirements throughout the joint providership lifecycle.



### Best Practice Tip

#### Document!

Documentation ensures clarity and consistency of processes and creates a shared understanding for everyone involved. Documentation captures information that is essential for tracking and accountability and provides a record needed for reaccreditation purposes.

Tools in Section 3: BRANCHES can help you organize and maintain this documentation.

## Joint Providership Workflow

The steps below outline a typical joint providership workflow from planning through close-out.

- 1 Planning**  
Define goals → identify target audience → determine potential partners
- 2 Eligibility Review**  
Confirm joint providership eligibility → assess alignment of mission, goals, audience, faculty
- 3 Expectation Setting**  
Outline roles & responsibilities → timelines → deliverables → fees → communication plan
- 4 Agreements & Documentation**  
Execute a joint providership agreement (not required but highly recommended) → collect disclosures and other necessary documentation → prepare/confirm letters of agreement for commercial support (if applicable)
- 5 Implementation & Oversight**  
Monitor planning & implementation (including marketing materials) → mitigate relevant financial relationships → ensure compliance during activity → have processes to review materials before publication → support joint providers as needed




## 6 Evaluation & Outcomes Review

Collect participant feedback → assess learning outcomes → review evaluations with joint providers

## 7 Post-Activity Reporting & Close-Out

Reconcile finances → complete reporting → archive documentation → share outcomes and lessons learned

 **Learn More!** See **Appendix 7** for an example of a joint providership timeline.

### Joint Providership Compliance

The ACCME requires that the **accredited provider maintains full responsibility** for ensuring compliance with accreditation requirements, even when activities are jointly provided.

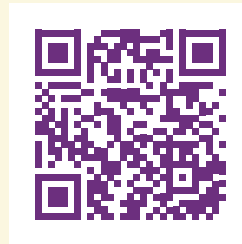
The **ACCME Standards for Integrity and Independence in Accredited Continuing Education** ensure that CE/CPD is free from commercial bias and independent of industry influence. They apply to all accredited providers, including activities conducted through joint providership. These standards are summarized below with compliance and role notes.

#### ACCME Joint Providership Policy



[accme.org/rule/joint-providership/](https://accme.org/rule/joint-providership/)

#### Standards for Integrity and Independence in Accredited CE



[accme.org/rules/standards/](https://accme.org/rules/standards/)

### Standard 1: Ensure Content is Valid

**Summary:** All educational content must be **evidence-based, accurate, and balanced.**

#### Compliance guidance:

- The accredited provider must **review** activity content for validity and scientific integrity.
- Joint providers (nonaccredited partners) may contribute content or speakers, but the accredited provider **must approve all final materials.**
- Activities cannot advocate for unscientific or unproven treatments.

## Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education



**Summary:** Accredited education **must not promote or sell** products or services.

### Compliance guidance:

- No marketing, product logos, or trade names in content slides, materials, or evaluation forms.
- Exhibits, advertisements, and promotional activities must be **kept separate** from accredited education.
- Joint providers must adhere to these restrictions under written agreement.

## Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

**Summary:** All individuals in control of educational content must disclose **all financial relationships** with ineligible companies within the past 24 months.

### Compliance guidance:

- The accredited provider must:
  - **Collect** information on all financial relationships that individuals in control of content have with ineligible companies.
  - **Identify relevant financial relationships and mitigate** them by individual role before content control (planning, presenting, reviewing).
  - **Disclose** relevant relationships to learners before the activity, along with required mitigation statement.
- Any responsibilities for implementing the Standards (with the exception of written agreements) may be delegated to nonaccredited joint providers (e.g. collecting information regarding financial relationships, review and determination of relevant financial relationships, mitigation of relevant financial relationships, disclosure to learners). However, the accredited provider remains responsible for ensuring that all approaches meet the expectations of the Standards.

## Standard 4: Manage Commercial Support Appropriately

**Summary:** Commercial support (grants, in-kind donations) must be handled transparently and cannot influence content.

### Compliance guidance:

- A written letter of agreement must be in place for all commercial support, between the accredited provider and the supporter(s), detailing terms and uses and executed prior to the activity taking place. **(see Section 1: Roots)**
- Joint providers must work with the accredited provider when soliciting or accepting commercial support for accredited activities.
- The accredited provider must ensure an ineligible company does **NOT** influence speakers, content, or logistics.

## Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education



**Summary:** Ensure that learners' access to accredited education is not influenced by ineligible companies.

### Compliance guidance:

- Accredited provider may delegate logistics but remains responsible to ensure that the compliance expectations of Standard 5 are met.
- Exhibitors must be in a separate space (physical or virtual) during or within 30 minutes of any accredited education.

### In Summary: Joint Providership Compliance

#### Beware of Damaging the Trunk — Operational Breakdown

- Failure to follow documented joint providership processes and timelines
- Incomplete or late disclosures/mitigation management
- Marketing and materials not reviewed or approved in advance
- Absence of written agreements for commercial support
- Poor record-keeping and documentation for audits

#### Infestation — Compliance Risks

- Promotional or commercial influence crossing the independence line
- Unmanaged relevant financial relationships

# Section 3: BRANCHES



## Purpose: Tools, Templates, and Practical Resources

Extend your reach with resources that make implementation easier. This section includes adaptable templates, planning documents, communication guides, and examples that experienced CE/CPD professionals have found beneficial when managing joint providerships.

### Tools and Resources You Can Use

#### 1. Joint Providership Agreement (See **Appendix 7** for an example.)

The joint providership agreement can vary by organization and you are encouraged to review the details against what you need to ensure compliance. A joint providership agreement is strongly recommended because it clearly outlines roles, responsibilities, and compliance expectations. While it is not required, it provides a clear and mutual understanding of respective roles and responsibilities and terms agreed upon which helps prevent misunderstandings or disputes later.



#### **Best Practice Compliance Tips:**

The ACCME recommends that you *“empower yourself to withdraw accreditation from an activity at any time without penalty, since issues with compliance and content validity may only become apparent late in the activity development or deployment process”* (Joint Providership Compliance Check: ACCME)

#### 2. Disclosures and Mitigation

The accredited provider develops and makes available the framework for a disclosure process that meets the expectations of Standard 3, while the joint provider implements it with the planners and faculty.

#### 3. Commercial Support (See **Appendix 9** for an example.)

In most cases, the joint provider applies for and manages the commercial support, while the accredited provider ensures the written agreement includes the accredited provider, that the terms and conditions are appropriate, and that the agreement is finalized, signed, and executed.



#### 4. Roles and Responsibilities (See **Appendix 3** for an example.)

The table below summarizes how responsibilities are typically shared between the accredited provider and joint provider.

Area	Accredited Provider Role	Typical Joint Provider Role
<b>Planning</b>	Approves needs assessment, objectives, faculty, and agenda	Assists with logistics and faculty suggestions
<b>Content Review</b>	Reviews for bias and scientific integrity	May draft or propose content
<b>Commercial Support</b>	Must be a party to the agreement for commercial support	May be included on the written agreement for commercial support
<b>Disclosures and Mitigation</b>	Develops the framework to collect, identify, mitigate, and disclose to learners	Implements disclosure process and disclosure to learners
<b>Evaluation &amp; Outcomes</b>	Designs and oversees post-activity evaluation	May help distribute and collect data
<b>Records &amp; Reporting</b>	Retains required documentation; reports to ACCME	Provides data and records as requested
<b>Public Accreditation Statement</b>	Ensures correct statement on all materials	Uses only approved language

Table 2. Typical division of roles in a joint providership agreement.



Additional tools can be found in these Appendices and adapted (where appropriate) for your organization:



**Appendix 7:** Example of a Joint Providership Agreement

**Appendix 8:** Example of a Kick-Off Checklist

**Appendix 10:** Example of Email Templates

**Appendix 11:** Example Onsite Monitoring Form (if applicable)

**Appendix 12:** Summary Report

### **Beware of Broken Branches — Collaboration Problems**

- Minimal or one-sided collaboration (transaction, not partnership)
- Lack of trust or transparency
- Poor communication across planning team(s)
- Delegating too much control to an inexperienced group
- Leadership turnover with no continuity plan
- Lack of adherence to deadlines

# Section 4: FRUIT



## Purpose: Outcomes, Benefits, and Success Stories

See what is possible when the foundation and processes are strong. This section highlights the value joint providerships can bring—such as expanded educational reach, enriched learner experience, evidence of impact, and opportunities for collaboration and commendation-aligned achievements.



### Best Practice Tip:

During the planning phase, it is important for the accredited provider and joint provider to discuss how outcomes data will be shared and include this in the joint providership agreement.

## Key Benefits of Joint Providership

### 1. Expands Educational Reach & Access

- Extends accredited CE/CPD into communities and settings that may not otherwise have access
- Increases participation among clinicians in rural, community-based, and non-academic environments
- Reaches interprofessional teams and diverse provider audiences

### 2. Strengthens Content & Relevance

- Leverages collaborator expertise and real-world practice insights
- Ensures education reflects local health needs and patient populations
- Facilitates inclusion of lived patient experience and public perspectives
- Enhances cultural competence and equity-informed learning

### 3. Improves Patient & Community Outcomes

- Supports practice change through shared quality improvement efforts
- Drives measurable improvements in clinical workflows and care coordination
- Expands access to patient support resources and community health programs
- Aligns education with public health priorities and population health efforts

### 4. Builds Strategic Relationships & Capacity

- Fosters long-term relationships with healthcare organizations, public health bodies, and advocacy groups
- Provides exposure to new content experts and perspectives
- Creates shared ownership of educational initiatives
- Enhances reputation and visibility of both organizations



## 5. Drives Resource Efficiency

- Enables shared planning, marketing, and faculty resources
- Reduces administrative burden for nonaccredited providers
- Provides templates, workflows, and compliance structure as support
- Expands value without requiring each organization to become accredited

## 6. Demonstrates Commitment to Mission & Community Impact

- Aligns CE/CPD efforts with organizational mission and values
- Strengthens trust with communities and learners
- Highlights the organization as a collaborative leader in education and public health

## 7. Supports ACCME Commendation Goals

- Engages patients and interprofessional teams
- Demonstrates collaboration to improve healthcare
- Collects and reports meaningful outcomes data
- Enables innovation and sustained performance improvement
- Supports strategic CPD development for education teams

## Joint Providership Success Story

### Case Study — Expanding Rural Access to Evidence-Based Diabetes Care

#### Challenge

Primary care practices in rural areas faced rising rates of type 2 diabetes and limited access to up-to-date, evidence-based clinical education. Many clinicians served patients with multiple chronic conditions yet lacked structured CE/CPD opportunities focused on patient-centered diabetes management and local resource connection.

#### Collaboration Approach

The accredited provider collaborated with a regional rural health consortium representing community clinics, critical access hospitals, and care managers. Together, they co-designed an education series addressing:

- Practical diabetes management strategies
- Social drivers of health affecting rural patients
- Coordination with nutrition services and behavioral health
- Access to medication support programs
- Collaborative care pathways to reduce clinical burden

Consortium representatives joined the planning committee, contributed case examples from their clinics, and participated as faculty alongside accredited provider experts. This ensured the program was rooted in local needs and reflective of multidisciplinary practice.



## What Made This Joint Providership Effective

- Shared planning and content development with local care teams
- Interprofessional faculty, including dietitians and pharmacists
- Case-based learning tied to real clinical scenarios from various sites
- Practice tools created and customized for rural workflows
- Follow-up coaching for clinics implementing new care strategies

## Outcomes

- 87% of learners reported a planned change in practice, most commonly:
  - initiating collaborative care protocols
  - using shared-decision tools for medication planning
  - connecting patients to nutrition programs and diabetes educators
- Six months later, 64% reported they successfully implemented at least one change, including establishing formal referral pathways to registered dietitians and community health workers.
- One clinic launched a monthly diabetes support group for patients and caregivers, improving education and self-management support locally.

## Impact

Through collaborative planning and shared expertise, the joint providership:

- Strengthened rural provider confidence and skills
- Expanded practical diabetes care resources
- Improved care coordination in underserved settings
- Enhanced patient support beyond the clinical visit

*“The relationship allowed us to bring practical, real-world tools directly into community clinics. It wasn’t just education — it translated into action for our patients.” Rural Care Coordinator*

## Why It Matters

This joint providership demonstrates how collaboration between an accredited provider and a community health organization can extend high-quality CE/CPD into settings where it is most needed, improving equity and patient outcomes.

## Joint Providership Commendation Success Stories



### Case Study 1 — Community Patient Safety Initiative

#### ACCME Commendation Criteria Addressed

Collaborates Effectively; Improves Healthcare Quality; Improves Patient/Community Health

#### Activity Collaborators

- Accredited Provider (lead education planner)
- Regional Primary Care Network (clinical collaborator)
- Community EMS Leadership Consortium (public safety collaborator)

#### Purpose / Needs Assessment

Primary care practices and first-response agencies identified gaps in emergency preparedness and opioid-related crisis intervention in outpatient settings.

#### Description of Collaboration

The Accredited Provider co-planned a multistep learning series with a regional primary care network and a public safety coalition. Collaborators contributed case scenarios, safety protocols, and performance benchmarks while the Accredited Provider led curriculum development and compliance review.

#### Roles & Responsibilities

- **Accredited Provider:** Curriculum design, accreditation compliance, faculty development, evaluation strategy
- **Collaborating Organizations:** Case development, subject-matter experts, emergency protocol resources, community data sharing

**Target Audience:** Community-based clinicians and allied health staff

**Educational Format:** Live webcast series + case workshops + resource toolkit

#### Practice / System Change Strategies:

- Emergency response drills
- Automated External Defibrillator (AED) readiness protocols
- Naloxone access workflows
- Annual credentialing check systems

#### Outcomes & Measures

- 92% of participants reported implementing a safety practice change
- Documented increase in AED availability in primary care sites
- 2.3% increase in influenza vaccination rate across various clinics

**Key Takeaways:** Cross-sector collaboration strengthens real-world applicability and community outcomes.

**Future Directions:** Expanding series to include pediatric emergency readiness.



## Case Study 2 — Inclusive Care & Patient Voice Integration

### ACCME Commendation Criteria Addressed

Engages Patients/Public; Collaborates Effectively; Improves Patient/Community Health

### Activity Collaborators

- Accredited Provider
- Statewide Community Advocacy Organization
- Patient Advocate Advisory Group

### Purpose / Needs Assessment

Learners identified uncertainty in delivering culturally competent care and addressing health disparities for LGBTQ+ patients.

### Description of Collaboration

The Accredited Provider co-designed a conference series with a statewide advocacy organization. Patient advocates were included as co-planners and speakers, guiding content on lived experience and barriers to care.

### Roles & Responsibilities

- **Accredited Provider:** Educational planning, compliance, evaluation, faculty prep
- **Collaborating Organizations:** Patient voice, case stories, data on community needs

**Target Audience:** Primary care clinicians, behavioral health providers, social workers

**Educational Format:** Hybrid conference with keynote, panel discussions, and patient storytelling

### Practice / System Change Strategies:

- Pronoun and chosen-name protocols
- Gender-affirming documentation practices
- Trauma-informed communication tools

### Outcomes & Measures

- 65% of participants implemented inclusive practice change within 9 months
- 32% reported direct patient feedback indicating improved care experience

**Key Takeaways:** Including patient voice drives relevance and behavior change.

**Future Directions:** Ongoing support for health resource toolkits and mentorship.



## Case Study 3 - Chronic Disease Quality Improvement Collaboration

**JAC 24:** The provider demonstrates healthcare quality improvement achieved through the involvement of its overall interprofessional continuing education (IPCE) program

### Activity Collaborators

- Accredited Provider
- Regional Health System Quality Office
- Dietitian and Behavioral Health Professional Network

### Purpose / Needs Assessment

Clinicians cited challenges managing chronic disease workflows in interprofessional care teams.

### Critical Elements

- Collaborates in the process of healthcare quality improvement
- Demonstrates improvement in healthcare quality

### Description of Collaboration

The Accredited Provider collaborated with a nonaccredited regional health system to launch a chronic-care quality improvement (QI) learning collaborative. Interprofessional experts co-designed modules and facilitated case reviews.

### Roles & Responsibilities

- **Accredited Provider:** Education structure, accreditation, performance-improvement support
- **Joint Provider:** Data infrastructure, case examples, QI coaching

**Target Audience:** Primary care clinicians, nurses, dietitians, behavioral health specialists

**Educational Format:** Quarterly learning collaborative + coaching calls + QI plan templates

### Practice / System Change Strategies:

- Standardized chronic-care workflows
- Team-based referral pathways
- Data dashboards and follow-up checkpoints

### Outcomes & Measures

- Increased adherence to guideline-based chronic disease protocols
- Improvement in patient screening and medication adherence
- Interprofessional care plans adopted across participating sites

**Key Takeaways:** Structured collaboration accelerates QI adoption and team-based care.

**Future Directions:** Expansion into social-needs screening and care-coordination modules.



## Good Fruit vs. Rotten Fruit

Just as healthy fruit reflects the strength of a tree’s roots and branches, the results of joint providership depend on the quality of its foundation and ongoing care. The table below compares the “good fruit” that grows from strong collaboration and compliance with the “rotten fruit” that can emerge when processes are weak or misaligned. Use this comparison as a guide to identify the conditions that support, or threaten, successful joint providerships.

Good Fruit Successful Joint Providerships	Rotten Fruit Failed Joint Providerships
Clear alignment on mission and purpose	Conflicting priorities or unclear purpose
Early vetting confirms eligibility & capacity	Ineligible or unvetted organization creates risk
Shared planning, open communication	Minimal communication, surprises late in process
Roles & responsibilities clearly defined	Unclear roles and responsibilities
Timely disclosures & conflict management	Late or incomplete disclosures
Marketing reviewed & approved before release	Promotional materials used without approval
Strong understanding of ACCME Standards	Lack of awareness or disregard for compliance
Content remains free from commercial influence	Commercial bias or marketing pressure
Monitoring occurs onsite or virtually	No oversight during activity
Documentation submitted on time	Missing or late documentation and evaluations
Evaluation results inform improvement	No evaluation, or results not used
Meaningful practice change demonstrated	No measurable outcome or improvement
Relationship feels collaborative & respectful	Joint providership treated as transactional “rubber stamp”

Table 3. Characteristics of successful (‘Good Fruit’) vs. failed (‘Rotten Fruit’) joint providerships.

# Reflection and Action Plan for Toolkit Users

## Purpose

Use this section to reflect on how you will apply the Joint Providership Toolkit in your work and identify actions to support successful implementation, confidence, and continuous improvement.

## Key Benefits of Joint Providership

Understanding & Readiness	Capacity & Workflow	Confidence & Skills
What sections of the toolkit feel most useful to you right now?	How will this toolkit fit into your current joint providership process?	How confident do you feel using the toolkit to guide joint providers?
What concepts were new or clarified through this toolkit?	Where might you need to adapt internal workflows or timelines?	What parts of the joint providerships process do you feel most prepared for?
What questions do you still have?	Who else on your team needs to be familiar with this toolkit?	What areas could benefit from additional training or support?

## Key Benefits of Joint Providership

Use this checklist to assess your readiness to apply the toolkit in your organization.

Check what you are prepared to do after reviewing this toolkit:

Competency	Yes	No	Notes
I understand the purpose and structure of joint providership			
I can explain roles of accredited and joint providers			
I can apply the joint providership vetting checklist confidently			
I understand timelines & compliance checkpoints			
I know where to find templates & tools in this toolkit			
I know how to monitor a joint providership activity			

Table 4. Joint providership competency self-assessment.

## Action Planning

Capture specific steps you will take to integrate this toolkit into your workflow.

How will you use this toolkit in practice?

Action Item	Owner	Needed Support	Timeline	Success Measure
Embed toolkit into our internal joint providerships process	—	—	—	Standard steps defined
Train internal staff on toolkit	—	—	—	Increase team confidence
Introduce toolkit to potential organizations	—	—	—	Smooth onboarding
Create internal storage/links for toolkit templates	—	—	—	Easy access system
Schedule joint providerships check-ins & milestone reviews	—	—	—	Fewer delays

Table 5. Joint providership action planning template.

## Growth Journal

Use this journal as a reflective space to track how you're applying ROOTS, TRUNK, BRANCHES, and FRUIT over time.





	Section	Application Reflections
	ROOTS	What foundations has this toolkit strengthened for you? What internal conversations or approvals do you need?
	TRUNK	What structures or workflows will you put in place? What will you incorporate immediately? What will take more time to adopt?
	BRANCHES	Who will you collaborate with or train? How will you share this toolkit with colleagues or organizations?
	FRUIT	What positive outcomes do you hope to see using this toolkit?

Table 6. Growth journal prompts by section.

## Final Reflection

How will using this toolkit help you support high-quality, compliant, collaborative continuing education? What ideas do you want to explore next?

Write one sentence committing to your next step:

As you move from reflection into action, remember that this toolkit is designed to support joint providerships that are compliant, collaborative, and focused on meaningful educational outcomes. Revisit the ROOTS, TRUNK, BRANCHES, and FRUIT framework regularly to strengthen your processes as your partnerships and programs evolve. Use your reflection notes and action plan as a living document. Update it over time to capture lessons learned, improvements made, and new growth opportunities.

# Appendices: Joint Providership Tools and Resources

**Appendix 1** Joint Providership vs. Joint Accreditation

**Appendix 2** Glossary of Key Terms

**Appendix 3** Roles and Responsibilities

**Appendix 4** Determining Eligibility

**Appendix 5** Commercial Support vs. Sponsorship

**Appendix 6** Example of Joint Providership Timeline

**Appendix 7** Joint Providership Agreement & Guidelines

**Appendix 8** Example of Kick-Off Checklist

**Appendix 9** Example Written Letter of Agreement for Commercial Support

**Appendix 10** Example of Email Templates

**Appendix 11** Example Onsite Monitoring Form

**Appendix 12** Example Summary Report

# Appendix 1: Joint Providership vs. Joint Accreditation

Joint Providership = collaboration for one *CE/CPD activity* (accredited + nonaccredited)

Joint Accreditation = *organizational status* that lets you educate multiple professions under one accreditation.

## Joint Providership

**Definition:** A collaboration in which one ACCME- or jointly accredited provider works with one or more nonaccredited organizations to plan and implement a CE/CPD activity.

CE/CPD Key Points:

- Only one organization is accredited (the “accredited provider”).
- The accredited provider is responsible for compliance with ACCME’s Accreditation Criteria, Standards for Integrity and Independence, and policies, and responsible for all elements of the activity as far as the accreditor is concerned.
- The nonaccredited organization helps plan and/or deliver the activity but cannot award CE/CPD credit on its own.
- Used for individual activities (e.g., a single course, conference, or webinar).
- Governed by ACCME’s *Joint Providership Policy*.

Example:

A state medical society accredited by ACCME collaborates with a local hospital (not accredited) to hold a CE/CPD conference.

→ The society is the accredited provider and reports the activity; the hospital is the joint provider.

## Joint Accreditation

**Definition:** A single, unified accreditation awarded to organizations that provide interprofessional continuing education (IPCE) for healthcare teams, jointly overseen by the ACCME, the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).

Key Points:

- “Joint” in Joint Accreditation refers to being accredited by multiple accrediting bodies to provide CE to an interprofessional audience. In joint providership, it refers to the two or more educational organizations working together on an accredited activity.
- The organization itself is jointly accredited — not just one activity.
- Allows the provider to offer CME, continuing nursing education (CNE), continuing pharmacy education (CPE), and other CE credits under one system.
- Focuses on team-based IPCE.
- Governed by the *Joint Accreditation for Interprofessional Continuing Education™* program (a separate entity from ACCME’s direct accreditation program).
- For organizations that regularly develop CE across multiple professions, not for individual events.

Example:

A large academic medical center applies for and earns Joint Accreditation status. It can then provide CE for physicians, nurses, and pharmacists under one framework, without needing separate accreditations.

## Appendix 2: Glossary of Key Terms

**Accreditor:** An organization that sets and enforces the standards for CE/CPD provider organizations and/or activities through review and approval of organizations/activities, and monitors and enforces guidelines for these organizations/activities.

**Accredited CE/CPD provider:** An organization accredited as a provider of continuing medical education. Accredited CE/CPD providers assume the responsibility and accountability for developing educational activities. Accredited providers represent a range of organizational types and offer CE/CPD primarily to national or international audiences of physicians and other health care professionals. Intrastate-accredited providers offer CE/CPD primarily to learners from their state/territory or contiguous states.

**Continuing Medical Education/Continuing Education (CE/CPD):** The educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. CE/CPD represents that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public.

**Ineligible companies:** Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**Jointly provided activity:** An activity that is planned, implemented, and evaluated by an accredited provider and one or more nonaccredited entities.

**Joint provider:** A nonaccredited organization that collaborates with an ACCME-accredited provider to develop and deliver a CE/CPD activity.

**Recognized Accreditor:** State and territory medical societies may choose to become “recognized” by the ACCME. Recognition allows them to accredit local/regional providers of continuing medical education.

**Standards for Integrity and Independence in Accredited Continuing Education:** ACCME requirements designed to ensure that accredited continuing education serves the needs of patients and the public, is based on valid content, and is free from commercial influence. The Standards comprise six standards: Eligibility; Ensure Content is Valid; Prevent Commercial Bias and Marketing in Accredited Continuing Education; Identify, Mitigate, and Disclose Relevant Financial Relationships; Manage Commercial Support Appropriately; Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education. Released in December 2020, the Standards for Integrity and Independence replaced the Standards for Commercial Support. These standards have been adopted by nine organizations.<sup>1</sup>

# Appendix 3: Roles and Responsibilities

This appendix outlines the typical core responsibilities of accredited and joint providers.

## **Roles of the Accredited Provider**

### *Oversight & Accountability*

- Holds accreditation and is ultimately responsible for compliance
- Ensures all ACCME Standards and policies are followed
- Reviews and approves all planning and activity documentation
- Maintains activity records for required period
- Accredited providers are also responsible for the business and operations of any activity that is jointly provided. For example, if refunds to faculty or participants are required and the joint provider refuses to or is unable to cover the costs, then the accredited provider must cover these costs. (ACCME)<sup>1</sup>

### *Planning & Educational Integrity*

- Reviews needs assessment, learning objectives, and agenda
- Confirms educational content is independent and evidence-based
- Confirms that the nonaccredited entity does not engage in unapproved promotional or marketing activities that might compromise integrity
- Reviews and mitigates relevant financial relationships
- Approves all faculty and planners after COI review

### *Materials & Communication*

- Reviews and approves:
  - Promotional materials
  - Learning materials
  - Evaluation tools
- Ensures ACCME-compliant accreditation language
- Ensures materials have no ineligible company influence

### *Commercial Support & Compliance*

- Oversees commercial support
- Executes written agreements for commercial support
- Ensures funds are managed appropriately
- Ensures separation of promotion and education

### *Monitoring & Evaluation*

- Reserves the right to monitor onsite/virtual live activities
- Provides required post-activity forms and templates
- Reviews evaluation data and outcomes

## **Roles of the Joint Provider**

### *Planning & Logistics*

- Initiates and coordinates planning meetings
- Submits needs assessment and learning objectives
- Develops program agenda, faculty list, and logistics plan
- Provides timely documentation to accredited provider

### *Faculty & Content Coordination*

- Identifies faculty and obtains disclosures
- Ensures timely submission of materials and bios
- Assists in implementing mitigation strategies where needed
- Provides final educational content (i.e., slides, content outline, storyboard) for review, if requested by accredited provider

### *Marketing & Promotion*

- Creates promotional/marketing materials for review and approval by accredited provider

### *Commercial Support (if applicable)*

- Follows the accredited provider's approved process
- Uses approved written letter of agreement templates only
- Does not pay faculty with funds directly from ineligible companies
- Receive or disperse commercial support funds (when applicable)

### *Activity Execution*

- Manages event logistics and registration
- Ensures faculty follow CE/CPD guidelines
- Supports onsite/virtual compliance monitoring
- Provides required documentation (attendance, agenda, support records)

### *Evaluation & Reporting*

- Distributes evaluation to learners
- Collects and submits summary data and attendance
- Submits post-activity reconciliation and final reports on time

## Appendix 4: Determining Eligibility

Ensuring that joint providership does not occur with organizations that are ineligible for ACCME accreditation is essential to meet the expectations of the Standards for Integrity and Independence. ACCME incorporates eligibility information within the Standards for Integrity and Independence in Accredited Continuing Education. Using the links below, explore each of the following webpages on the ACCME website to learn more about determining eligibility for accreditation and its implications for joint providership.

*Organizations cannot be accredited (or jointly provide CME/CE activities) if they advocate for unscientific approaches to diagnosis or therapy, or if their education 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.*

- From the Standards for Integrity and Independence in Accredited Continuing Education (Standard 1: Ensure Content is Valid)

### **What types of organizations are eligible for accreditation within the ACCME System? What organizations cannot be accredited in the ACCME System?**

This webpage includes key definitions, examples, and key concepts. Another useful resource on this webpage is the Structured Self-Assessment Related to ACCME's Definition of an Ineligible Company—a series of questions to help determine eligibility.

<https://accme.org/rule/eligibility/>

# Appendix 5: Commercial Support and Ancillary Activities Offered in Conjunction with Accredited Continuing Education

## Commercial Support

Commercial support is financial or in-kind support provided by an ineligible company to support the educational content or logistics of an accredited CE/CPD activity. (ACCME defines ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

### Commercial support can be used:

- For educational expenses (AV, materials, venue, faculty honoraria or travel expenses)
- To defray or eliminate the cost of the education for all learners
- For participant support items (when allowed)

### Funding cannot:

- Influence the content, speakers, format, or planning
- Be paid directly by the ineligible company to the faculty or planners
- Pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education
- Include the ineligible companies' corporate or product logos, trade names, or product group messages.
- Be a condition of funding ancillary activities in association with the CE/CPD activity as well.

## Written Agreements for Jointly Provided Activities

### Commercial Support Letter of Agreement (LOA)

The terms, conditions and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider.

- The ACCME expects<sup>1</sup> that written agreements for commercial support for jointly provided activities will be between the accredited provider and the commercial supporter
- Include the name of the joint provider or third party who would be receiving and disbursing the funds (when applicable)
- Be executed and agreed to by both the accredited provider and the ineligible company providing the commercial support. Third parties and/or joint providers may also be included in the written agreement but may not execute or agree to it instead of the accredited provider
- Be executed prior to the activity taking place

## **Ancillary Activities Offered in Conjunction with Accredited Continuing Education (e.g., exhibits, promotion, nonaccredited education)**

Ancillary activities include marketing and promotional opportunities purchased by a company or organization.

### **Examples of Ancillary Activities:**

- Exhibits or booths (exhibitors)
- Advertising in event non-educational materials
- Sponsored meals or networking sessions (outside CE/CPD hours)

### **Funding for Ancillary Activities Cannot:**

- Be tied to accredited educational content
- Be portrayed as supporting CE/CPD credit
- Influence the content, speakers, format, or planning
- Be a condition of providing commercial support

**The table below highlights key differences between commercial support and funding for ancillary activities in association with accredited CE/CPD.**

<b>Category</b>	<b>Commercial Support</b>	<b>Ancillary Activities</b>
Transaction?	None, no return expected by supporter in exchange for funding of CME activity.	Access to learners for purposes of promotion or marketing for ineligible company, in exchange for funding.
Purpose	Support education	Promote a company/brand
Provided By	Ineligible companies	Eligible or ineligible companies
Oversight Needed	Strict ACCME rules	Must be kept separate from CE/CPD
Can Include Logos?	No	Yes, but never in CE/CPD space and/or materials
Influence on CE/CPD?	None	None
Consult Guidance From	Standard 4	Standard 5

*Table 7. Comparison of commercial support and sponsorship.*

<sup>1</sup> ACCME Standard 4: Standard 4: Manage Commercial Support Appropriately.  
<https://accme.org/rule/manage-commercial-support-appropriately/>

# Appendix 6: Example Joint Providership Timeline

## **Step 1: Activity Planning – at least 3 months pre-launch**

- Kickoff call with joint provider to discuss eligibility, proposed activity, potential supporters, planning committee, processes, roles, etc.
- Clarify target audience, credit/Maintenance of Certification (MOC) requirements, and learner data reporting.
- Collaboration/review/submission of grant request proposal(s) to commercial supporters
- Upon grant funding approval, written agreement for commercial support executed
- Finalize joint providership agreement
- Enter activity information into PARS
- Faculty invited, disclosures collected
- Relevant financial relationships mitigated

## **Step 2: Production - ongoing**

- Provide joint provider with any applicable templates needed for producing materials (e.g., accreditation language, evaluation template)
- Joint provider submits materials (invitation collaterals and educational materials) for review/approval prior to production/launch
- Determine evaluation and certificate processing details
- Content finalized

## **Step 3: Post-activity reporting & close out – post-launch**

- Review any timing requirements from supporters for reconciliation and activity reporting
- Close out activity

# Appendix 7: Example Joint Providership Agreement

*DISCLAIMER: These sample documents are provided for illustrative and educational purposes only. ACCME does not have requirements that specifically require or address joint providership agreements, and does not review such agreements as part of the accreditation process, or provide support related to them to any organization. Use of these materials does not, by itself, ensure compliance with accreditation requirements. CE professionals are responsible for exercising due diligence and ensuring that any documents, agreements, and related processes they use are appropriate for their organization, setting, and applicable accreditation requirements.*

<INSERT YOUR CE ORGANIZATION LOGO>

## Joint Providership Agreement & Guidelines

This Joint Providership Agreement (“Agreement”) is entered into by and between:

**Accredited Provider:** \_\_\_\_\_

**Joint Provider:** \_\_\_\_\_

**CE Activity Title:** \_\_\_\_\_

The purpose of this Agreement is to ensure accredited continuing education is planned and implemented in accordance with Standards for Integrity and Independence in Accredited Continuing Education, and all applicable accreditation policies.

### 1. Authority & Compliance

The **Accredited Provider:**

- Retains final authority and responsibility for compliance with the accreditation requirements of ACCME/Recognized State Accreditor
- Approves all planning, promotional, and educational content
- Ensures adherence to accreditation criteria, policies, and standards
- Issues credit and maintains required records (minimum six years)

The **Joint Provider** agrees to:

- Provide information to the Accredited Provider to support the verification by the accredited provider of its eligibility (not an ineligible company) to participate in accredited CE.
- Follow all ACCME Standards, policies, and provider procedures
- Complete required planning, documentation, disclosures, and evaluations
- Ensure content remains free from commercial influence
- Submit required materials on time

## **2. Roles & Responsibilities**

### **Joint Provider Responsibilities**

The Joint Provider will:

- Complete planning forms, gap analysis, and objectives
- Collect and submit disclosures for all those who may be in a position to control the content of accredited CE/CME (e.g., planners, faculty, staff, reviewers) before they take their roles in planning or delivery of CE/CME content.
- Disclose to learners any relevant financial relationships (or lack thereof) and commercial support, if applicable
- Mitigate relevant financial relationships per Accredited Provider guidance
- Develop and manage activity logistics, content, and budget
- Submit all promotional and onsite materials for approval before use
- Manage registration and onsite coordination
- Collect and submit attendance, evaluation summary, and budget reconciliation
- Use Accredited Provider templates/forms where required
- Support monitoring (virtual or onsite), including reasonable related expenses

If commercial support is sought, the Joint Provider will:

- Follow the Standards for Integrity and Independence in Accredited CE
- Use approved written agreement for commercial support
- Ensure the written agreement is fully executed by all parties prior to the activity.
- Ensure no funds from an ineligible company related to the activity flow directly to individuals in control of content

### **Accredited Provider Responsibilities**

The Accredited Provider will:

- Review and approve planning documents and disclosures
- Collect, identify and manage mitigation strategies
- Review and approve promotional and educational materials
- Provide templates, guidance, and consultation
- Review evaluation approach and certify credits
- Maintain compliance and learner records
- Reserve the right to monitor activities

## **3. Materials & Documentation Requirements**

The Joint Provider must submit, as applicable:

- Planning documents (needs assessment, objectives, agenda)
- Disclosure mechanisms and documentation of mitigation of relevant financial relationships
- Draft and final promotional materials
- Written agreements for commercial support

- Onsite and post-activity documentation
- Attendance data and evaluation summary

All materials must be approved **before distribution or implementation.**

**4. Fees & Payment**

Fee for this activity: \$\_\_\_\_\_

Invoice to be paid within \_\_\_ days of issue.

Expenses for onsite monitoring (if required) are the responsibility of the Joint Provider.

Refund/cancellation terms (check one):

Per Accredited Provider policy

Per custom terms below: \_\_\_\_\_

**5. Term & Termination**

This Agreement is effective upon full execution and continues until the activity and all documentation are complete.

Termination may occur if:

- Either party breaches terms and does not cure within 30 days
- ACCME or legal standards are jeopardized (immediate termination allowed) Reasonable costs already incurred remain payable.

**6. Indemnification**

Each party shall indemnify and hold the other harmless from claims arising from its own negligence or failure to meet responsibilities under this Agreement.

**7. Independent Contractor Relationship**

This Agreement does not create an employer-employee, agency, or partnership relationship.

**8. Entire Agreement & Modification**

This Agreement represents the full understanding between the parties. Amendments must be in writing and signed by both parties.

**9. Signatures**

**Accredited Provider**

Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Joint Provider**

Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Appendix 8: Example of Kick-Off Checklist

Use this checklist during the kickoff phase to ensure all planning and compliance elements are addressed.

*Disclaimer: These sample documents are provided for illustrative and educational purposes only. Use of these materials does not, by itself, ensure compliance with accreditation requirements. CE professionals are responsible for exercising due diligence and ensuring that any documents, agreements, and related processes they use are appropriate for their organization, setting, and applicable accreditation requirements.*

<INSERT YOUR CE ORGANIZATION LOGO>

## Accredited CE/CPD Planning Checklist

### Activity Introduction

<b>Activity Title:</b>	
<b>Activity Date(s)/Launch Timeframe:</b>	
<b>Activity Format:</b>	
<b>Notes</b>	

## Planning Criteria: Educational Planning and Evaluation

Accredited CE/CPD Application	Notes:
<p><b>Gap Analysis/Needs Assessment</b></p> <p>Incorporate the educational needs, knowledge, competence, or performance, that underlie the professional practice gaps of the target audience.</p>	
<p><b>Designed to Change</b></p> <p>Designed to change competence, performance, or patient outcomes, aligned with accredited provider's mission statement.</p>	
<p><b>Appropriate Formats</b></p> <p>Interventions that are appropriate for the setting, objectives, and desired results.</p>	
<p><b>Competencies</b></p> <p>Interventions in the context of desirable physician attributes.</p>	
<p><b>Analyzes Change</b></p> <p>Analyze changes in competence, performance, and/or patient outcomes is achieved.</p>	
<p><b>Learning Objectives</b></p> <p>Overall and session-level, if applicable</p>	

### Standard 1 – Ensure Content is Valid

Content Validity	Notes:
<p><b>Draft Agenda and Determination of Credit</b></p> <p>Ensure content is fair and balanced and any clinical content supports safe, effective patient care. For enduring/Journal CE/CPD discuss content development; for RSS list dates and topics; for other activities provide activity/ topics (content outline, draft agenda), discuss how credits will be determined.</p>	

## Standard 2 – Prevent Commercial Bias and Marketing

<b>Prevent Commercial Bias and Marketing</b>	<b>Notes:</b>
<p><b>Promotion</b></p> <p>Ensure non-promotional, evidence-based content.</p>	
<p><b>Learner Consent</b></p> <p>Explicit consent to share name and contact information; mechanism to collect, if applicable</p>	

## Standard 3 – Management of Financial Relationships

<b>Individuals in Control of Content</b>	<b>Notes:</b>
<p><b>Financial Relationships Collection</b></p> <p>Utilize ACCME's Spreadsheet, complete list of all individuals in control of content and role. Employee/Owner Exclusions</p>	
<p><b>Disclosure Mechanism Collection</b></p> <p>Accredited provider determines appropriate disclosure collection mechanism.</p>	
<p><b>Identification of Relevant Financial Relationships</b></p> <p>Completed by the accredited provider upon completion of disclosure mechanism collection.</p>	
<p><b>Mitigation Identification and Strategy</b></p> <p>Accredited provider to determine correct mitigation strategy based on role in the activity and manage completion and documentation.</p>	
<p><b>Content Developers/Speakers/Faculty</b></p> <p>Provide pertinent information (e.g., goals, deadlines)</p>	
<p><b>Disclosure to Learners</b></p> <p>Required components to be supplied; reviewed by accredited provider.</p>	

#### Standard 4 – Manage Commercial Support Appropriately

Commercial Support	Notes:
<p><b>Grant Proposal (in-kind/monetary)</b></p> <p>Compilation and review of proposal documents.</p>	
<p><b>Draft Budget</b></p>	
<p><b>Written Agreement(s)</b></p>	
<p><b>Disclosure to Learners</b></p> <p>Ensure that disclosure is delivered before the activity and includes the name(s) of ineligible companies, support provided (including nature of in-kind support), and does not include commercial/product logos or brand messages.</p>	

#### Standard 5 – Management of Ancillary Activities

Ancillary Activities	Notes:
<p><b>Exhibits/Sponsorships</b></p> <p>Education is separate from marketing; floor plans and Exhibit Hall required; no marketing included in CE/CPD materials/space</p>	
<p><b>Non-accredited Sessions</b></p> <p>Draft agenda reviewed; accredited provider to manage changes to ensure compliance, if applicable</p>	
<p><b>Marketing</b></p> <p>Ensure all marketing by ineligible companies is separate from educational spaces (logos, commercials, product group messages).</p>	

## Activity Promotion and Program Materials

Activity Promotion/Program Materials	Notes:
<p><b>Activity Promotion Requirements</b> Requirements provided; accredited provider to review before dissemination</p>	
<p><b>Activity Program Materials Requirements</b> Requirements provided; accredited provider to review before dissemination</p>	
<p><b>Other Materials</b> Post-Tests, Evaluations, Support Strategies, Monitoring – requirements provided by the accredited provider and must be reviewed prior to utilization</p>	

## Learner Tracking & Reporting

Learner Tracking & Reporting	Notes:
<p><b>Learner Registration List</b> Provide to accredited provider</p>	
<p><b>Attendance Verification</b> Provide to accredited provider</p>	
<p><b>Credit Claiming and Certificates/ Transcripts</b> Discuss requirements, management, and accredited provider oversight</p>	

## Evaluation Summary & Outcomes

Aggregate Data and Outcomes	Notes:
<p><b>Evaluation Summary Data</b> Aggregate data submitted</p>	
<p><b>Outcomes Report</b> Draft/final report that shows change in learners' change in competence (performance, if applicable)</p>	



**Action Items and Next Steps:**

# Appendix 9: Example Written Agreement for Commercial Support

*DISCLAIMER: These sample documents are provided for illustrative and educational purposes only. Use of these materials does not, by itself, ensure compliance with accreditation requirements. CE professionals are responsible for exercising due diligence and ensuring that any documents, agreements, and related processes they use are appropriate for their organization, setting, and applicable accreditation requirements.*

<INSERT YOUR CE ORGANIZATION LOGO>

## Written Agreement for Commercial Support

The **[ACCREDITED PROVIDER]** is committed to presenting CE/CPD activities that promote improvement or quality in healthcare and are independent of the control of any Commercial Supporter. As part of this commitment, **[ACCREDITED PROVIDER]** has outlined in the written agreement the terms, conditions, and purpose of commercial support for its CE/CPD activities. Commercial support is defined as financial, or in-kind, contributions given by an ineligible company, which are used to pay all or part of the costs of the CE/CPD activity.

<b>Title of CME/CE Activity</b>	
<b>Activity Location</b>	<b>Activity Date</b>
<b>Name of Commercial Supporter</b>	
<b>Amount of Educational Grant</b>	
<b>Direct</b>	<b>In-Kind</b>
<b>How will grant funding be used?</b>	

## Terms, Conditions, and Purposes

### Independence

- This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Supporter.
- The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CE/CPD, selection of education methods, and the evaluation of the activity.

### Appropriate Use of Commercial Support

- The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds for the Ineligible Company.

- The Commercial Supporter will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
- All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.
- The Accredited Provider will, upon request, furnish the Ineligible Company documentation detailing the receipt and expenditure of the commercial support.

### Disclosure

- The Accredited Provider will ensure that the source and nature of the support from the ineligible company, either direct or “in-kind”, is disclosed in program brochures, syllabi, and/or other program materials prior to the learners engaging in the education. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

### Payee

- Funds should be in the form of an education grant payable to:  
The Ineligible Company and **[ACCREDITED PROVIDER]** agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) [Standards for Integrity and Independence in Accredited Continuing Education](#).

Name of Accredited Provider:	
Tax ID Number	
Contact Person	Email Address
Phone Number	Fax Number
Non-accredited Provider:	
Contact Person	Email Address
Phone Number	Fax Number
Tax ID Number	
Name of Commercial Supporter:	
Address	
City, State, Zip	
Contact Person	Email Address
Phone Number	Fax Number

<sup>1</sup> 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.

# Appendix 10: Examples of Email Templates

## Initial Introduction Email

Hello [Name] and thank you so much for your message! We would be happy to look at a joint providership opportunity to offer CE/CPD credit for your [Activity]. I've attached several documents to this message that outline the steps in the Joint Providership process as well as help track the required information.

1. Joint Providership Process - High level outline with suggested time frames, but the **timeline is not strict** as each activity can take a different amount of time to plan depending on the complexity. This mainly outlines which steps make sense to occur before other steps.
2. Joint Providership Guidelines - Review what the accredited provider and the joint provider will be responsible for throughout the process
3. Education Plan - captures all the details of the activity; we can talk through the different areas of information and even fill this out over a phone call
4. Disclosure form - to be completed by every person who helps to plan or speak at the activity

**There are a few other items mentioned on the education plan/application which we would need to review.**

- Draft promotional material: Any flyer or other promotional material being drafted for the activity; these can be sent in as they are created; they are not needed to approve an application
- Draft agenda

I've attached a copy of our fee scheduled for your reference.

Please don't hesitate to reach out with any questions that arise. My email and phone number are noted below.

## Example of Close Activity Email

Greetings,

We hope [Activity] was successful! Within the next 60 days can you please complete the attached Summary Report? This report allows us to close out your activity in our systems.

If you have not done so already, please submit the following items along with your report:

- Final Promotional Materials
- Final Program Schedule/Syllabus
- Final Registration Materials (name, email, state, organization and credits earned per person)
- Evaluation Results, showing learner outcomes (3-5 sentences of common themes of change)

# Appendix 11: Example of an Onsite Monitoring Form

*DISCLAIMER: These sample documents are provided for illustrative and educational purposes only. Use of these materials does not, by itself, ensure compliance with accreditation requirements. CE professionals are responsible for exercising due diligence and ensuring that any documents, agreements, and related processes they use are appropriate for their organization, setting, and applicable accreditation requirements.*

This form supports real-time monitoring of live activities for meeting the ACCME Standards for Integrity and Independence in Accredited CE. While not required, accredited providers, as a best practice, may choose to monitor the activities for which they are responsible.

<INSERT YOUR CE ORGANIZATION LOGO>

## Activity & Observer Information

Name:	
Date:	
Accredited Activity Title / Session Name:	

## Section 1 — *Disclosing Relevant Financial Relationships to Learners*

For each individual **in control of content**, complete the table (Note: summative statements may be used for disclosing the absence of relevant financial relationships. E.g. “The planners of this activity had no relevant financial relationships to disclose.”):

Yes      No      N/A

Was a statement that all relevant financial relationships were mitigated presented to learners prior to the start of the activity?

Who is Disclosing?	Were relevant financial relationships (or absence of relevant financial relationships) disclosed to learners? (verbal or displayed)
Presenters	Yes      No
Planners, Reviewers, Authors, Editors	Yes      No
CE staff	Yes      No

## Section 2 — *Monitoring for Promotion, Influence, or Commercial Bias*

Please assess the following:

Question	Yes	No	N/A
(Provide details for any unfavorable answers or concerns.)			
1. Did you see any use of trade names within the content?			
2. Did any slides or visuals contain commercial logos, product branding, or advertising?			
3. Did faculty promote or attempt to sell any products or services that align with their own professional or financial interests?			
4. Did you observe any promotional materials within the educational space?			
5. Did marketing or nonaccredited content occur within 30 minutes of the accredited session in the education space?			
6. Were accredited/non-accredited portions of the activity clearly identified to learners?			

## Section 3 — *Content Validation*

Question	Yes	No	N/A
(Provide details for any unfavorable answers or concerns.)			
7. Was the education free of commercial bias (no slanted, product-favorable content)?			
8. Was information presented based on generally accepted scientific evidence?			
9. Were recommendations for patient care consistent with current evidence, guidelines, or consensus positions?			
10. Were recommendations appropriate for the activity's intended audience?			
11. Did the content support the stated learning objectives?			
12. Did the speaker(s) remain on topic and within the scope of the accredited content?			
13. Did the comments of the moderator/facilitator of Q&A appear neutral and free of biased language?			

Section 4 — *Needs, Objectives, and Designed Learning Strategy*

Question

Yes No Comments

(Provide details for any unfavorable answers or concerns.)

14. Did the speaker(s) teach in a manner consistent with the planned educational format?

Section 5 — *Change Strategies & Evaluation*

Question

Yes No

(Provide details for any unfavorable answers or concerns.)

15. Was there an opportunity for learner engagement or practice-based reflection?

16. Did the speaker(s) include actionable strategies to improve competence, performance, or patient outcomes?

Section 6 — *Final Monitoring Determination*

Determination

Select One

17. The activity/session observed appeared to meet the expectations of ACCME Standards.

18. Potential areas of concern identified (review and possible follow-up).

19. Problems observed (Immediate follow-up required).

# Appendix 12: Example Summary Report

## Joint Providership Summary Report

Note to the Joint Provider: This completed report and all supporting documents are due to the Accredited Provider within 60 days after the date of your activity.

Required attachments are clearly noted in the report.

### Activity Information

Name of Provider	
Activity Title	
Activity Date(s)	

### Attendee Information

Number of Physicians attended (including residents):

Number of Non-physicians attended:

*\*Should you be offering MOC, refer to the specific board requirements*

**Attachment Required:** Attendance Report (including: organization, state, email and number of credits earned/attendee)

**Attachment Required:** Physicians and Non-Physician CE Certificate (Example Only)

### Promotional and Educational Materials

Which of the following promotional materials were used for this activity (Check all that apply)?

Digital Materials (i.e. electronic PDF)

Email

Printer Material (i.e. postcard)

Website

Other (Please explain):

**Attachment Required:** Final Promotional Materials

**Attachment Required:** Activity Schedule

**Attachment Required:** Final Educational Materials

## Evaluation

What type of evaluation method did you use for the activity (Check all that apply)?

Post-activity Evaluation

Post-test/Learning Assessment

Pre- and Post-tests

Other, please explain:

**Attachment Required:** Summary of all evaluations used (qualitative and quantitative responses)

## Financial Information

Indicate the following income sources (and associated dollar amounts) for the activity:

Type	Amount
Advertising & Exhibiting	\$
Registration	\$
Government Monetary Grants	\$
Private Monetary Donations	\$
Commercial Support (monetary)	\$

**Attachment Required:** Final Activity Budget

## Commercial Support

Complete the below information for EACH commercial supporter:

Name of Company	
How was the support utilized	
Method of Disclosure to Audience	

Name of Company	
How was the support utilized	
Method of Disclosure to Audience	

Attach additional sections as needed

## Signature

Signature:

Date:

Please type your name and date above and check the box below.

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

# References

1. Accreditation Council for Continuing Education  
<https://accme.org/>
2. ACCME Policy: Joint Providership  
<https://www.accme.org/policies/joint-providership>
3. ACCME Standards for Integrity and Independence in Accredited Continuing Education (2020)  
<https://www.accme.org/standards>
4. Joint Accreditation for Interprofessional Continuing Education  
<https://jointaccreditation.org/>
5. ACCME/AMA Glossary of Terms  
<https://www.accme.org/resources/accmeama-glossary-of-terms-and-definitions>