*This template is for use by organizations receiving accreditation decisions in 2025.*

**Overview**

In the Performance-in-Practice (PIP) Structured Abstract, you will provide the information requested in concise narrative explanations and statements, in tables provided, and with attached documents to verify that your CME activities and program meet the MMA’s requirements. We encourage you to be succinct, answer the questions directly, and avoid extraneous information. Provide attachments only where requested. Miscellaneous documents that are not requested will not be reviewed.

Note: If Regularly Scheduled Series (RSS) are selected, submit evidence for the series, not just for a single session or a sampling of sessions. The series is the activity. Therefore, you will demonstrate compliance for the RSS in the same manner as for a large annual meeting with multiple sessions.

**Instructions for Submission**

1. Complete this Word document.
2. Save completed Word document as PDF.
3. Use the following format for the file name: Brief activity title\_Start date of activity (YYYYMMDD).
4. Combine this PDF with PDFs of attachments.
5. Bookmark each attachment. Note: Providers need PDF software (e.g., Adobe Acrobat) to create a PDF with bookmarks. If you do not currently have PDF software, we ask that you look into purchasing this product. Accreditation materials usually contain many documents and the bookmarks are essential for the review process.
6. Save combined PDF.
7. Submit PDF to the MMA via OneDrive. Note: The final document will be a single PDF that includes this PIP Structured Abstract followed by the required attachments with each attachment bookmarked. You will complete one PIP Structured Abstract for each activity selected for review.

**CME Activity Information**

Provider Name: Click or tap here to enter text.

ACCME Activity ID: Click or tap here to enter text.

Activity Title: Click or tap here to enter text.

Activity Date(s): Click or tap here to enter text.

Activity Format: Click or tap here to enter text.

Providership: Choose an item.

Commercial Support Received: Choose an item.

**Core Accreditation Criteria: Educational Planning and Evaluation**

**Educational Needs**

State the professional practice gap(s) of your learners on which the activity was based.

Click or tap here to enter text.

Check the educational need(s) that apply to this activity:

[ ]  Knowledge

[ ]  Competence

[ ]  Performance

State the educational need(s) that you determined to be the cause of the professional practice gap(s).

Click or tap here to enter text.

**Designed to Change**

Explain what competence, performance, or patient outcome this activity was designed to change.

Click or tap here to enter text.

**Appropriate Formats**

In addition to identifying the educational format(s) that you have chosen, explain why these formats are appropriate for the setting, objectives, and desired results of this activity.

Click or tap here to enter text.

**Competencies**

Select the desirable physician attribute(s) this activity addresses. The list below includes the Competencies of: ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative, or you may enter other competencies recognized by your organization.

Select all that apply:

[ ]  Patient Care and Procedural Skills

[ ]  Medical Knowledge

[ ]  Quality Improvement

[ ]  Practice-Based Learning and Improvement

[ ]  Interpersonal and Communication Skills

[ ]  Professionalism

[ ]  Systems-Based Practice

[ ]  Provide Patient-Centered Care

[ ]  Work in Interdisciplinary Teams

[ ]  Employ Evidence-Based Practice

[ ]  Utilize Informatics

[ ]  Values/Ethics for Interprofessional Practice

[ ]  Roles/Responsibilities

[ ]  Interprofessional Communication

[ ]  Teams and Teamwork

[ ]  Other: Please list other competencies, if applicable:

 Click or tap here to enter text.

**Analyzes Change**

Describe the strategies you used to obtain data or information about changes achieved in learners’ competence or performance or patient outcomes as a result of their participation in this activity. Please include, for example, the questions you asked the learner about changes in competence or performance or other change data such as quality improvement or patient outcomes.\*

Click or tap here to enter text.

AND

* **Attachment 1:** At the end of this document, attach the compiled or summative data or information generated from this activity, specifically about changes achieved in learners' competence or performance or patient outcomes.
* **\*Attachment 2:** If available, also provide the template of the evaluation tool or method used to obtain this information.

**Standards for Integrity and Independence in Accredited Continuing Education**

**STANDARD 1: Ensure Content is Valid**

We attest that this activity meets the expectations of Standard 1.

[ ]  Yes, we attest that this activity meets the expectations of Standard 1.

![C:\Users\mkopelow\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XSYU1EK2\MC900442155[1].png]() **Attachment 3:** At the end of this document, attach the required documentation as described below based on the type of activity.

* **If the activity is a Journal CME/CE or Enduring Material (online or print) CME activity:** Attach instructions to access the CME product itself, so reviewers may experience the activity as your learners experience it. Provide a URL or direct link and generic username(s) (e.g., MMAUSER1, MMAUSER2, MMAUSER3) and password(s), as necessary, allowing access to the activity for multiple users from the point of submission for the duration of the review period until the decision. Access should not require the use of the personal or professional email accounts of MMA volunteers or staff. If activities are no longer available online, you may provide access to an archived website. If this is not an option, then screen shots are acceptable.

OR

* **If the activity is a Regularly Scheduled Series (RSS):** Attach a listing of the dates, faculty, location, and topics of each session.

OR

* **If the activity is Live, a Manuscript Review, Test-Item Writing, Committee Learning, Performance/Quality Improvement, Internet Searching and Learning, Learning from Teaching or Other/Blended Learning activity:** Attach the activity topics/content to include the nature and scope of the CME content (e.g., content outline, agenda, brochure, program book, or announcement).

OR

* **If the activity is spontaneous learning or self-directed and/or the content is controlled by the learner:** Attach the framework or instructions provided to the learner.

**STANDARD 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education**

We attest that this activity meets the expectations of all three elements of Standard 2.

[ ]  Yes, we attest that this activity meets the expectations of all three elements of Standard 2.

**STANDARD 3: Identify, Mitigate, and Disclose Relevant Financial Relationships**

**Did this activity meet one of the exceptions to the identification, mitigation, and disclosure of relevant financial relationships with ineligible companies listed below?**

1. Accredited education that is non-clinical, such as leadership or communication skills training.
2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

Choose an item.

**If yes, describe how the activity met the exception:**

Click or tap here to enter text.

**(Standard 3.2) Did owner(s)/employee(s) of ineligible companies participate as planners or faculty in this activity? Indicate “not applicable” if this activity meets one of the exceptions listed above.**

Choose an item.

**If yes, for each owner/employee that participated in this activity, provide information to demonstrate the individual’s involvement meets one of the exceptional circumstances listed in Standard 3.2.**

Employees/owners of ineligible companies can participate as planners or faculty in these specific circumstances ONLY:

1. When the content of the activity is not related to the business lines or products of their employer/company.
2. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
3. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Click or tap here to enter text.

**Did an ineligible company take the role of non-accredited partner in a joint provider relationship in this activity?**

Choose an item.

 **(Standard 3.1) Attachment 4:** At the end of this document, attach a single example of the form(s), tool(s), or mechanism(s) used to collect financial relationships with ineligible companies from all individuals in control of content, as completed by an individual in control of content for this specific activity.

Please note:

* Include the instructions provided to the individuals completing the form(s), tool(s), or mechanism(s). The communication must include the definition of an ineligible company, require all financial relationships and the timeframe for reporting.
* If you used more than one mechanism, attach a single example of each version used. Do not submit more than a single example of each version used. In each case, the example provided must be one that was actually completed by a person in control of content for this activity.
* Upload a document stating “not applicable” if this activity meets one of the exceptions listed above.

![C:\Users\mkopelow\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XSYU1EK2\MC900442155[1].png]() **(Standard 3.4) Attachment 5:** At the end of this document, attach the completed spreadsheet for documenting individuals in control of content. For everyone in control of content, list in the appropriate column:

1. the name of the individual,
2. the individual’s role(s) in the activity (e.g., planner, reviewer, faculty, author, and/or other roles in control of educational content),
3. the name of the MMA/ACCME-defined ineligible company(ies) with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationships),
4. the nature of the relationship(s), and
5. the mechanism(s) implemented to mitigate all relevant financial relationships appropriate to the role(s) of the individuals in the activity.

Please note:

* If the individual has no relevant financial relationship, indicate “None” in column C.
* Spreadsheets formatted differently than the MMA’s template, or with other information than the MMA’s template, will not be accepted.
* Attach a document stating “Not applicable” if this activity meets one of the exceptions listed above.
* **(Standard 3.5) Attachment 6:** At the end of this document, attach the information, as disclosed to learners, about the presence or absence of relevant financial relationships for all individuals in control of CME content AND attach the statement, as disclosed to learners, that all relevant financial relationships were mitigated, if applicable.

Please note:

* + Attach a document stating “Not applicable” if this activity meets one of the exceptions listed above.

**STANDARD 4: Manage Commercial Support Appropriately**

**Did your organization correctly enter in PARS whether or not this activity received commercial support?**

Choose an item.

**If no, provide a brief explanation of the circumstances.**

Click or tap here to enter text.

**Did this activity receive commercial support\*?**

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

Please note: This does not include fees for advertising and exhibits.

Choose an item.

**If yes, complete the table below. List the name(s) of the commercial supporter(s) of this activity and the dollar value of any monetary commercial support and/or indicate non-monetary (in-kind) support. Insert additional rows, if necessary**

|  |  |  |
| --- | --- | --- |
| **Name of Commercial Supporter** | **Type of Support** | **Amount of Monetary Support (in US dollars), if any****(Not applicable for in-kind support)** |
| Click or tap here to enter text. | [ ]  Monetary[ ]  Non-Monetary (In-Kind) | Click or tap here to enter text. |
| Click or tap here to enter text. | [ ]  Monetary[ ]  Non-Monetary (In-Kind) | Click or tap here to enter text. |

![C:\Users\mkopelow\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XSYU1EK2\MC900442155[1].png]() **Attachment 7:** If the activity was commercially supported: At the end of this document, attach each executed commercial support (monetary and non-monetary) agreement for the activity.

![C:\Users\mkopelow\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XSYU1EK2\MC900442155[1].png]() **Attachment 8:** If the activity was commercially supported: At the end of this document, attach the evidence that demonstrates the disclosure of commercial support (monetary and non-monetary), as presented to learners.

**Accreditation Policies**

**Accreditation Statement Policy**

**For RSS activities**, present one example of presenting the MMA accreditation statement to learners when the exact same information is transmitted in the exact same way for each and every session of the RSS. Otherwise, if the information and/or transmission of information varies in any way, please submit evidence for each session.

![C:\Users\mkopelow\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XSYU1EK2\MC900442155[1].png]() **Attachment 9:** At the end of this document, attach evidence of the use of the appropriate accreditation statement for this activity, as presented to learners.

**Attachment Checklist**

| **Attachment** | **Description** | **Requirement** |
| --- | --- | --- |
| **1** | The compiled or summative data or information generated from this activity, specifically about changes achieved in learners' competence or performance or patient outcomes. | Analyzes Change |
| **2** | If available: The template of the evaluation tool or method used to obtain information about changes achieved in learners' competence or performance or patient outcomes. | Analyzes Change |
| **3** | The required documentation based on the type of activity. | Standard 1 |
| **4** | A single example of the form(s), tool(s), or mechanism(s) used to collect financial relationships with ineligible companies from all individuals in control of content, as completed by an individual in control of content for this specific activity. Please note: * Include the instructions provided to the individuals completing the form(s), tool(s), or mechanism(s). The communication must include the definition of an ineligible company, require all financial relationships and the timeframe for reporting.
* If you used more than one mechanism, attach a single example of each version used. Do not submit more than a single example of each version used. In each case, the example provided must be one that was actually completed by a person in control of content for this activity.
* Upload a document stating “Not Applicable” if this activity meets one of the exceptions.
 | Standard 3 |
| **5** | The completed spreadsheet for documenting individuals in control of content. | Standard 3 |
| **6** | The information, as disclosed to learners, about the presence or absence of relevant financial relationships for all individuals in control of CME content AND the statement, as disclosed to learners, that all relevant financial relationships were mitigated, if applicable.Please note: * Attach a document stating “Not Applicable” if this activity meets one of the exceptions.
 | Standard 3 |
| **7** | If the activity was commercially supported: Each executed commercial support (monetary and non-monetary) agreement for the activity. | Standard 4 |
| **8** | If the activity was commercially supported: The evidence that demonstrates the disclosure of commercial support (monetary and non-monetary), as presented to learners. | Standard 4 |
| **9** | Evidence of the use of the appropriate accreditation statement for this activity, as presented to learners. | Accreditation Statement |