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

**Overview**

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

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

**Demographic Information**

Organization Full Name: Click or tap here to enter text.

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

**CME Staff Contact**

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

**Physician Responsible for CME Program**

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

**Chief Executive Officer**

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

**Application for Accreditation with Commendation Submission**

Submitted By: Click or tap here to enter text.

Date: Click or tap here to enter text.

**Commendation Program Size**

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

[ ]  Small (S): 1-39 activities

[ ]  Medium (M): 40-100 activities

[ ]  Large (L): 101-250 activities

[ ]  Extra Large (XL): >250 activities

**Criteria Selected**

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

[ ]  Engages Teams

[ ]  Engages Patients/Public

[ ]  Engages Students

[ ]  Advances Data Use

[ ]  Addresses Population Health

[ ]  Collaborates Effectively

[ ]  Optimizes Communication Skills

[ ]  Optimizes Technical/Procedural Skills

[ ]  Creates Individualized Learning Plans

[ ]  Utilizes Support Strategies

[ ]  Engages in Research/Scholarship

[ ]  Supports CPD for CME Team

[ ]  Demonstrates Creativity/Innovation

[ ]  *Improves Performance*

[ ]  *Improves Healthcare Quality*

[ ]  *Improves Patient/Community Health*

**Instructions for Submission**

1. Delete any Commendation Criteria (below) that you are not submitting for review.
2. Complete this Word document only for the Commendation Criteria you have selected for review.
3. Save completed Word document as PDF.
4. Combine this PDF with PDF(s) of attachments, if applicable.
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 Application for Accreditation with Commendation followed by any required attachments with each attachment bookmarked.

**Commendation Criteria**

**Engages Teams**

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

[ ]  Yes, we attest to the above statement.

**Name and title of attestor:**Click or tap here to enter text.

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

**Activity 1**

Activity title: Click or tap here to enter text.

Activity date: Click or tap here to enter text.

Activity format: Click or tap here to enter text.

List the professions of the PLANNERS (e.g., physicians, nurses, social workers): Click or tap here to enter text.

List the professions of the FACULTY (e.g., physicians, nurses, social workers): Click or tap here to enter text.

Describe how the activity created an interprofessional learning experience to support a change in the competence or performance of the healthcare team: Click or tap here to enter text.

**Activity 2**

Duplicate the above for each additional activity.

**Engages Patients/Public**

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

[ ]  Yes, we attest to the above statement.

**Name and title of attestor:**Click or tap here to enter text.

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

**Activity 1**

Activity title: Click or tap here to enter text.

Activity date: Click or tap here to enter text.

Activity format: Click or tap here to enter text.

List and label the patients and/or public representatives who were PLANNERS (e.g., John Smith – patient; Jane Jones – public rep): Click or tap here to enter text.

List and label the patients and/or public representatives who were FACULTY (e.g., John Smith – patient; Jane Jones – public rep): Click or tap here to enter text.

For individuals listed as public representatives, describe how each of these individuals qualifies as a “public representative”. (e.g., Jane Jones – president of patient advocacy group related to activity content): Click or tap here to enter text.

**Activity 2**

Duplicate the above for each additional activity.

**Engages Students**

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

[ ]  Yes, we attest to the above statement.

**Name and title of attestor:**Click or tap here to enter text.

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

**Activity 1**

Activity title: Click or tap here to enter text.

Activity date: Click or tap here to enter text.

Activity format: Click or tap here to enter text.

List the health professions of the students involved in the activity planning, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and describe how the students participated as PLANNERS of the activity: Click or tap here to enter text.

List the health professions of the students involved in the activity presentation, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and describe how the students participated as FACULTY of the activity: Click or tap here to enter text.

**Activity 2**

Duplicate the above for each additional activity.

**Advances Data Use**

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

**Activity 1**

Activity title: Click or tap here to enter text.

Activity date: Click or tap here to enter text.

Activity format: Click or tap here to enter text.

Describe how the activity taught learners about collection, analysis, or synthesis of health/practice data: Click or tap here to enter text.

Describe how the activity used health/practice data to teach about healthcare improvement:

Click or tap here to enter text.

**Activity 2**

Duplicate the above for each additional activity.

**Addresses Population Health**

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

[ ]  Yes, we attest to the above statement.

**Name and title of attestor:**Click or tap here to enter text.

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

**Activity 1**

Activity title: Click or tap here to enter text.

Activity date: Click or tap here to enter text.

Activity format: Click or tap here to enter text.

Describe how the activity expanded your CME program beyond clinical care education and provided strategies that learners can use to achieve improvements in population health:

Click or tap here to enter text.

**Activity 2**

Duplicate the above for each additional activity.

**Collaborates Effectively**

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

**Example 1**

Click or tap here to enter text.

**Example 2**

Click or tap here to enter text.

**Example 3**

Click or tap here to enter text.

**Example 4**

Click or tap here to enter text.

**Optimizes Communication Skills**

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

**Activity 1**

Activity title: Click or tap here to enter text.

Activity date: Click or tap here to enter text.

Activity format: Click or tap here to enter text.

Describe the elements of the activity that addressed communication skills AND how you evaluated the observed communication skills of the learners and provided formative feedback to the learners:

Click or tap here to enter text.

**Activity 2**

Duplicate the above for each additional activity.

**Optimizes Technical/Procedural Skills**

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

**Activity 1**

Activity title: Click or tap here to enter text.

Activity date: Click or tap here to enter text.

Activity format: Click or tap here to enter text.

Describe the elements of the activity that addressed psychomotor technical and/or procedural skills AND how you evaluated the observed psychomotor technical and/or procedural skills of the learners and provided formative feedback to the learners:

Click or tap here to enter text.

**Activity 2**

Duplicate the above for each additional activity.

**Creates Individualized Learning Plans**

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

[ ]  Yes, we attest to the above statement.

**Name and title of attestor:**Click or tap here to enter text.

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

**Learning Plan 1**

Describe the individualized learning plan and explain how the plan requires repeated engagement and provides feedback to the learner:

 Click or tap here to enter text.

How many learners participated in the longitudinal curriculum/plan during the accreditation term?

 Click or tap here to enter text.

At the end of this document, attach an example of individualized feedback provided to the learner to close practice gaps.

**Learning Plan 2**

Duplicate the above for each individualized learning plan developed by your organization.

**Utilizes Support Strategies**

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

[ ]  Yes, we attest to the above statement.

**Name and title of attestor:**Click or tap here to enter text.

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

**Activity 1**

Activity title: Click or tap here to enter text.

Activity date: Click or tap here to enter text.

Activity format: Click or tap here to enter text.

Describe the support strategies that were adjunctive to the activity: Click or tap here to enter text.

Provide your analysis of the effectiveness of the strategies: Click or tap here to enter text.

Describe planned or implemented improvements: Click or tap here to enter text.

**Activity 2**

Duplicate the above for each additional activity.

**Engages in Research/Scholarship**

**Provide examples of two scholarly projects.**

**Project 1**

Describe a scholarly project your organization completed during the accreditation term relevant to CME (i.e., related to the effectiveness of and best practices in CME supports the success of the CME enterprise) and the dissemination method used for each one (e.g., poster, abstract, manuscript).

Click or tap here to enter text.

At the end of this document, attach a copy of the project itself (e.g., poster, abstract, presentation, manuscript).

**Project 2**

Describe a scholarly project your organization completed during the accreditation term relevant to CME (i.e., related to the effectiveness of and best practices in CME supports the success of the CME enterprise) and the dissemination method used for each one (e.g., poster, abstract, manuscript).

Click or tap here to enter text.

At the end of this document, attach a copy of the project itself (e.g., poster, abstract, presentation, manuscript).

**Supports CPD for CME Team**

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

**Demonstrates Creativity/Innovation**

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

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

**Example 1**

Click or tap here to enter text.

**Example 2**

Click or tap here to enter text.

**Example 3**

Click or tap here to enter text.

**Example 4**

Click or tap here to enter text.

**Improves Performance**

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

[ ]  Yes, we attest to the above statement.

**Name and title of attestor:**Click or tap here to enter text.

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

Click or tap here to enter text.

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

**Activity 1**

Activity title: Click or tap here to enter text.

Activity date: Click or tap here to enter text.

Activity format: Click or tap here to enter text.

Number of learners that participated in the activity: Click or tap here to enter text.

Number of learners whose performance was measured: Click or tap here to enter text.

Number of learners that improved performance: Click or tap here to enter text.

Itemize the method(s) used to measure change in performance of learners: Click or tap here to enter text.

Describe the improvements in the performance of learners: Click or tap here to enter text.

**Activity 2**

Duplicate the above for each additional activity.

**Improves Healthcare Quality**

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

**Example 1**

Describe the collaboration: Click or tap here to enter text.

Describe the improvements in healthcare quality that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements: Click or tap here to enter text.

**Example 2**

Describe the collaboration: Click or tap here to enter text.

Describe the improvements in healthcare quality that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements: Click or tap here to enter text.

**Improves Patient/Community Health**

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

**Example 1**

Describe the collaboration: Click or tap here to enter text.

Describe the improvements in patient/community health that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements: Click or tap here to enter text.

**Example 2**

Describe the collaboration: Click or tap here to enter text.

Describe the improvements in patient/community health that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements: Click or tap here to enter text.