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

**Overview**

In the Self-Study Report, you will provide the information requested in concise narrative explanations and statements, in the tables provided, and with uploaded documents to verify that your CME program meets 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.

**Instructions for Submission**

1. Complete this Word document.
2. Save completed Word document as PDF.
3. Combine this PDF with PDF(s) of attachments.
4. Bookmark each attachment. Note: Providers need PDF software (e.g., Adobe Acrobat) to create a PDF with bookmarks. If you do not have PDF software, we ask that you consider buying this product. Accreditation materials usually contain many documents, and the bookmarks are essential for the review process.
5. Save combined PDF.
6. Submit PDF to the MMA via OneDrive. Note: The final document will be a single PDF that includes this Self-Study Report Outline followed by any required attachments with each attachment bookmarked.

**Demographic Information**

Organization 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.

**Self-Study Report Submission**

Submitted By: Click or tap here to enter text.

Date: Click or tap here to enter text.

**Type of Organization**

Government or Military

Hospital/Health Care Delivery System

Insurance/Managed Care Company

Non-profit (physician membership organization)

Non-profit (other)

Publishing/Education Company

Other (specify): Click or tap here to enter text.

**Commercial Support and Joint Providership**

Does your CME program have mechanisms in place to accept commercial support? Choose an item.

Have you received commercial support during the current reaccreditation term? Choose an item.

Have you participated in joint providership during the current accreditation term? Choose an item.

**Prologue**

CME Program History

* ***Enter a brief history of your continuing medical education program.***

Click or tap here to enter text.

Organizational Chart

* ***At the end of this document, attach an organizational chart that shows the leadership and structure of your CME program.***



**Core Accreditation Criteria: CME Mission and Program Improvement**

**MISSION**

**Enter the expected results component of your CME mission statement. The expected results must be articulated in terms of competence, performance, or patient outcomes.**

Click or tap here to enter text.

**PROGRAM ANALYSIS**

**Describe your conclusions on the degree to which you have met the expected results of your mission. These conclusions should be based on the data you have obtained to support your analysis of learner change across your overall program of accredited activities.**

Click or tap here to enter text.

**PROGRAM IMPROVEMENTS**

**Describe the needed or desired changes in the overall program required to improve your ability to meet your CME mission that have been identified, planned, and implemented during the accreditation term.**

Click or tap here to enter text.

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

**EDUCATIONAL NEEDS**

**Describe what you do to ensure your organization identifies the professional practice gaps of your learners and the educational needs that underlie the practice gaps.**

Click or tap here to enter text.

**DESIGNED TO CHANGE**

**Describe what you do to ensure your organization designs activities to change the competence, performance, or patient outcomes of your learners.**

Click or tap here to enter text.

**APPROPRIATE FORMATS**

**In addition to identifying the educational formats that you choose, explain why these formats are appropriate for the settings, objectives, and desired results of your activities.**

Click or tap here to enter text.

**COMPETENCIES**

**Describe what you do to ensure your activities/educational interventions are developed in the context of desirable physician attributes (competencies).**

Click or tap here to enter text.

**ANALYZES CHANGE**

**Describe the strategies you use to obtain data on changes in learners’ competence, performance, or patient outcomes across your overall program of accredited activities.**

Click or tap here to enter text.

**AND**

**Based on the data obtained on learner change, describe your conclusions as to whether or not you were able to change learner competence, performance or patient outcomes across your overall program of accredited activities.**

Click or tap here to enter text.

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

**STANDARD 1: Ensure Content is Valid**

**Describe what you do to ensure that the content of CME activities and your accredited CME program meet all four elements of Standard 1.**

Click or tap here to enter text.

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

**Describe what you do to ensure that the content of your accredited activities and your accredited CME program meet expectations of elements 1 AND 2 of Standard 2.**

Click or tap here to enter text.

**AND**

**Describe what you do to ensure that names or contact information of learners are not shared with any ineligible company or its agents without the explicit consent of learners.**

Click or tap here to enter text.

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

***It is expected that all providers have processes in place to identify, mitigate and disclose all relevant financial relationships for all individuals in control of content, even if some or all of the provider’s activities meet the Standard 3 Exceptions, including accredited education that is non-clinical, where the learner group is in control of content, and/or self-directed education where the learner controls their educational goals.***

**Describe the process(es) you have in place to collect information from all planners, faculty, and others in control of educational content about all financial relationships with ineligible companies to meet the expectations of Standard 3.1 and that your process includes:**

1. **the complete definition of an ineligible company and**
2. **the individual completing the form/mechanism is instructed to include ALL financial relationships with ineligible companies for the prior 24 months.**

Click or tap here to enter text.

**Does your organization use employees or owners of ineligible companies in its accredited activities?**

Choose an item.

* **If Yes, describe the process(es) you have in place to meet the expectations of Standard 3.2 (a-c).**

Click or tap here to enter text.

**Describe the process(es) you use to determine which financial relationships are relevant to the educational content.**

Click or tap here to enter text.

**Describe the method(s) you use to mitigate all relevant financial relationships for individuals involved in the planning of CME activities, such as planner/editor/reviewer roles.**

Click or tap here to enter text.

**Describe the method(s) you use to mitigate all relevant financial relationships for individuals with speaker/author/moderator/facilitator roles.**

Click or tap here to enter text.

**Describe the method(s) you use to inform learners of the presence or absence of relevant financial relationships of all individuals in control of content.**

Click or tap here to enter text.

**Describe the method(s) you use to inform learners that all relevant financial relationships have been mitigated.**

Click or tap here to enter text.

**Describe what you do to ensure that your organization does NOT engage in joint providerships with ineligible companies.**

Click or tap here to enter text.

**STANDARD 4: Manage Commercial Support Appropriately**

**Does your organization accept 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, describe what you do to ensure your organization meets the expectations of all four elements of Standard 4.**

Click or tap here to enter text.

**STANDARD 5: Managing Ancillary Activities Offered in Conjunction with Accredited Continuing Education**

**Does your organization offer ancillary activities, including advertising, sales, exhibits, or promotion for ineligible companies and/or nonaccredited education in conjunction with your accredited CE activities?**

Choose an item.

* **If Yes, describe what you do to ensure that your organization meets the expectations of all three elements of Standard 5.**

Click or tap here to enter text.

**Accreditation Policies**

**Accreditation Statement Policy**

**Describe what you do to ensure that your CME activities meet the requirements of the Accreditation Statement Policy.**

Click or tap here to enter text.

**CME Attendance Records Retention Policy**

**Describe the mechanism your organization uses to record and verify physician participation for six years from the date of your accredited activities.**

Click or tap here to enter text.

* C:\Users\mkopelow\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XSYU1EK2\MC900442155[1].png***At the end of this document, attach an example of the information or report(s) your mechanism can produce for an individual participant.***

**CME Activity Records Retention Policy**

**Describe what your organization does to ensure that activity files/records of CME activity planning and presentation are retained during the current accreditation term or for the last twelve months, whichever is longer.**

Click or tap here to enter text.

**Accreditation with Commendation**

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.

**Is your organization submitting for Accreditation with Commendation?**

Choose an item.

* **If yes, please complete and submit the Commendation Application.**