



Pre-Applicant Organization Name: _____

Organization Website URL: _____

Mailing/Billing Address: _____

City _____ State _____ Zip _____

Primary Contact Information

Name: _____ Title: _____

Phone: _____ E-mail: _____

Chief Executive Officer

Name: _____

Phone: _____ E-mail: _____

Eligibility

Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients are ineligible for accreditation. Eligibility is determined based on the characteristics of the organization seeking accreditation and, if applicable, its corporate structure.

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|------|---|-----|----|
| I. | Does the organization produce, market, sell, re-sell, or distribute healthcare products used by or on patients, nor is it a subsidiary of a company that produces, markets, sells, re-sells, or distributes healthcare products used by or on patients? | Yes | No |
| II. | Is the organization owned or controlled by a company that produces, markets, sells, re-sells, or distributes healthcare products used by or on patients, nor is it a subsidiary of a company that produces, markets, sells, re-sells, or distributes healthcare products used by or on patients? | Yes | No |
| III. | Does the organization advocate for an ineligible company? | Yes | No |
| IV. | Will the organization be able to present evidence from at least one CME activity completed within the last twenty-four (24) months that would meet the expectations of the requirements? (The activities may or may not have been offered for CME credit but were developed and executed following the requirements.) | Yes | No |



Organization Framework

The MMA requires an accredited provider to operate the business and management policies and procedures of its CME program (as it relates to human resources, financial affairs, and legal obligations) so that its obligations and commitments are met. The following items ask for information to substantiate that this framework is in place.

V. Organization Type

- | | |
|--|-------------------------------------|
| Government/Military | Hospital/Healthcare Delivery System |
| Insurance Company/Managed Care Company | Specialty Board/Society |
| Non-profit (Physician membership organization) | Non-profit (Other) |
| Publishing/Education Company | |

VI. Describe a brief history of the organization. When was the organization created? What does the organization do?

VII. What are the major content areas of your CME program?

VIII. Who are your primary physician learners?

IX. Is your organization an employer of staff? Yes No
If yes, upload the table of contents from your organization’s human resources and financial policies or procedures manual. If your organization does not have a policies or procedures manual, attach materials to demonstrate that the human resource, financial affairs, and legal obligations and commitments are met (for example, organization’s bylaws or membership guidelines).

X. **Organization Chart:** Upload an organizational chart that shows the structure and staff reporting relationships for your CME Program. If your CME program is part of a larger institution, upload an organizational chart that shows the position of the CME program in relation to the institution’s overall structure.

XI. **Financial Statements:** If your CME program has annual audited financial statements, attach a copy of these statements for the past year, or, if your CME program does not have annual audited financial statements, upload an income and expense statement for your CME program for the past year.



Attestations

Before the MMA will move forward with the accreditation process for your organization, your intentions, understanding, and commitment to abide by MMA's expectations must be confirmed. Please read carefully each of the following confirmation statements and use an X as your attestation.

- | | |
|-------|--|
| Agree | We understand and attest that our organization must plan, implement, and evaluate at least two CME activities within the 24-month period prior to the initial MMA accreditation interview. |
| Agree | We understand and attest that our organization's activities adhere to the ACCME definition of CME found at www.accme.org . |
| Agree | We understand and attest that our organization adheres to the ACCME content validation policy found at www.accme.org . |
| Agree | We understand and attest that by virtue of submitting a self-study report for initial accreditation and paying the initial accreditation fee to the MMA our organization agrees to follow all relevant ACCME policies and procedures as specified by the ACCME at www.accme.org . |
| Agree | We understand and attest that ACCME policies and procedures prohibit the provider from submitting to the MMA, either with the completed self-study report or in any other material, any individually identifiable health information. |
| Agree | We attest that all the materials submitted to the MMA in any format will not contain any untrue statements, will not omit any necessary material facts, will not be misleading, will fairly present the organization, and are the property of the organization applying for accreditation. |
| Agree | We acknowledge that we have read and understand the ACCME's policy on "Public and Confidential Information about Accredited Providers" found at www.accme.org . |

Signatures

Name of CEO:

Signature:

Date:

Name of Primary CME Contact:

Signature:

Date:

Please contact the MMA Education Department at 612-362-3744 or cme@mnmed.org for questions related to this application or for any assistance needed.

Please email the completed form and required attachments to the MMA contact who provided you this document.