

NASSAU UNIVERSITY MEDICAL CENTER
CONTINUING MEDICAL EDUCATION

APPLICATION INSTRUCTIONS

This information is provided to assist you in planning a program for continuing medical education.

I. Application Information

Applications should be submitted at least two months prior to the program date to the Continuing Medical Education (CME) Committee which meets the 2nd Friday of every month at 12 Noon in the Academic Affairs conference room.

The first step in planning your activity is to complete the Application for Providership (decide which providership applies to the activity), prepare a Budget Proposal and a draft of your brochure. Your activity should be based on determined “professional gaps” to be closed from “assessed needs” and fulfilling the educational objectives developed.

Definition of Providership:

Direct Providership: Providership of an activity that is planned, implemented, and evaluated by a MSSNY accredited institution/organization. This definition includes co-provided activities (offered by two accredited providers) reported by the accredited provider that awards the credit.

Joint Providership of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. An activity planned, implemented and evaluated by a MSSNY accredited provider working in partnership with a non-accredited entity.

The appropriate accreditation statement must be applied to all printed materials and CME certificates (see below).

Once the request for an application is received, a member of the CME committee will be assigned to be a planning member of your program committee. She/he will assist you in meeting CME guidelines.

II. Planning the Conference

A program committee should be established. Once a CME planning member has been assigned, the members should meet. The planning committee member will assist you in fulfilling the essentials and developing the educational objectives using key words.(See Appendix VIII). Our member will review with the CME Committee the budget, objectives, target audience, needs assessment, brochure, all advertisements and course literature and, eventually the evaluations.

III. Brochure, Flyer and/or Syllabus Handout: (see template of CME flyer, Form VII)

A. REQUIREMENTS FOR ACCREDITATION:

ACCREDITATION STATEMENT: All printed materials/CME certificates **MUST** include the statement as written below. The credit designation statement **MUST** be offset (italics or bold) from the rest of the statement-when program is approved

For Direct Providership:

Nassau University Medical Center (NUMC) is accredited by the Medical Society of the State of New York to provide continuing medical education for physicians. NUMC designates this (type of activity) for a maximum of (number of credits) *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For Joint Providership: (See glossary for explanation of different providership).

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of the State of New York (MSSNY) through the joint providership of Nassau University Medical Center (NUMC) and (Name of the Non-accredited Provider). NUMC is accredited by MSSNY to provide continuing medical education for physicians.

NUMC designates this (type of activity) for a maximum of (number of credits) *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- B. Any financial support or grant from any commercial source should be listed under "Acknowledgements."
- C. The educational objectives must be noted. Course outline of content must be provided.
- D. The target audience must be noted.
- E. All planning committee members should be listed.
- F. Chairman of the Board of Directors, Chief Executive Officer, Medical Director, and the Director of Continuing Medical Education must also be listed.
- G. Title of Lecture(s), Lecturer(s) name, degree(s), academic title, Institution
- H. Include **Disclosure Policy Statement*** (below).

IV. Application Fees and Expense Transaction

Any fees and expenses with the Nassau University Medical Center will be deposited to- and/or drawn from a Nassau HealthCare Foundation-.CME account.

Honorariums for speakers, expenses of the CME activity should be paid by the CME planners (i.e. institution/departmental funds) and NEVER directly from any commercial sources (see Appendix: Policy on Honorarium)

There is no fee for NUMC departments offering CME programs to NUMC staff and students for which there is no charge.

For NUMC departments who offer a program for which there will be a charge, the accreditation fee will be **\$ 350** for one session/one day; **\$700** for a two-day session or a series/year (academic or calendar). Please make check out to: Medical and Dental Staff of NHCC and write CME in the notation line (bottom left). The check

should be sent to Dianna Ruppel at Nassau University Medical Center, Medical Staff Office, Box 42, East Meadow, New York, 11554.

For a Non-NUMC department who offers a program, whether or not there is a charge, the accreditation fee will be **\$450** for one session/day; **\$900** for a two-day session or a series/year (academic or calendar). Please make check out to: Medical and Dental Staff of NHCC and write CME in the notation line (bottom left). The check should be sent to Dianna Ruppel at Nassau University Medical Center, Medical Staff Office, Box 42, East Meadow, New York, 11554.

V. Disclosure Letters and Letters of Agreement

- A. It is the responsibility of the department sponsoring the event to send out a disclosure letter to each speaker and a letter of agreement to any company providing financial support. (Forms IIIb, IVb).
- B. The following is a statement which **must be placed** on all promotional materials, brochures, syllabi handouts to implement this portion of the ACCME's Policy on Faculty Disclosure: (form IVb)

***Disclosure Policy Statement**

Nassau University Medical Center relies upon planners and faculty participants to provide educational information that is objective and free of bias. In this spirit, and in accordance with MSSNY/ACCME guidelines, all speakers and planners must disclose relevant financial relationships with commercial interests whose products, devices or services may be discussed in the CME content or may be perceived as a real or apparent conflict of interest. Any discussion of investigational or unlabeled use of a product will be identified.

In the case of regularly scheduled events that do not use printed programs for promotion, such as grand rounds, disclosure shall be made by the moderator or speaker prior to the activity. Written documentation that this disclosure information was given to participants should be entered in the file for that CME activity. (see Verification of disclosure, form VI)

Use the following statement for faculty who have nothing to disclose:

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in these materials.

Use the following statement for faculty who have financial disclosures:

The following planner/presenter has indicated a relationship: (list name, relationship & name of company)

FUNDING DISCLOSURE STATEMENT EXAMPLES:

This activity has been funded by an unrestricted educational grant from Merck Pharmaceuticals.

This activity has been funded by an unrestricted educational grant from the NYS Department of Health.

No commercial funding has been accepted for the activity.

VI. Day of the Program

An Attendance Record sheet (see Attendance Record Form V) approved by the CME Committee is to be filled in by the attendees. An individual from the sponsoring department must be at the program to make sure that any doctors receiving credit sign in.

PLEASE MAKE SURE THAT THE PHYSICIANS SIGN AND THEN PRINT THEIR NAME AND OTHER INFORMATION LEGIBLY as this is required verification that the physician attended the event.

There are evaluation forms for the faculty and the program (see evaluation Forms Ia, Ib, Ic). This will assist the Committee in evaluating the overall program.

The Verification of Disclosure (see Form VI) **must also be completed** at end of program. Each physician will be given a Certificate of Completion at the end of the conference or series. It is best to hand this to the individual after the evaluation form has been submitted.

It is incumbent upon the individual departments to fill out each certificate. For now when the application is approved a copy of an original certificate will be send to you to be distributed to your participants. Once the institution has the capability to keep CME credit records electronically, participants will be able to get their CME credits by computer and paper certificates will no longer be handed out.

VII. After the Program

The Attendance Record sheet(s) (Form V), participant and faculty evaluation forms and a completed Evaluation Summary (see evaluation summary Form Ib) must be given to the CME Committee member who will present written comments to both the CME Committee and you.

Copy of any syllabus of program must be submitted to committee.

Your department may keep photocopies of any items you deem necessary.

The original sign-in sheet will be kept in the CME office for six (6) years according to ACCME /MSSNY guidelines. Each department **MUST** keep a copy of the sign-in sheet for future reference. At the moment all records are on paper and can be made available for their perusal but will eventually be translated onto electronic record keeping for easier retrieval.

VIII. Final Budget

A final budget report (see budget form IIb) must also be submitted to the planning committee member who will present it to the CME Committee. This budget report should be submitted within thirty (30) days of the event.

***Please note**

If any items are found to be deficient, it may impact on the Committee's decision to accredit future program applications from you.