

MedChi

The Maryland State Medical Society



APPLICATION FOR JOINT PROVIDERSHIP

GENERAL INFORMATION

This form along with a non-refundable application fee of \$950.00 per offering should be submitted no later than 60 days prior to your deadline for printing any promotional materials for the activity that make reference to joint providership. **NO APPLICATION WILL BE ACCEPTED LESS THAN 30 DAYS PRIOR TO AN ACTIVITY.** CME Credit cannot be designated retroactively.

Activity Title: _____

Activity Location: _____

Type of Educational Offering: _____

Date/Time: _____

Number of CME Credits for which You Are Applying: _____
(CME Credits are awarded on the basis of one (1) CME Credit per one (1) hour of instruction.)

Faculty Director: _____

Key Contact Person: _____

Organization Name: _____

Please offer us a brief description of your organization. (Attach additional pages as needed.)

Organizations that are a proprietary entity producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies, cannot apply for joint providership or take the role of non-accredited provider.

Address: _____

Phone: _____ Fax: _____ Email: _____

MedChi is accredited by the Accreditation Council for Continuing Medical Education (ACCME) and may choose to provider CME activities during its period of accreditation. MedChi will consider jointly providing educational activities with partners whose continuing medical education mission is in concert with MedChi's and who understand and agree to abide by the Essential Areas and their Elements and Criteria and the Standards for Commercial Support of the ACCME.

Fees and Costs Associated with a Joint Providership

Application Fee

There is a non-refundable application fee of \$950 due with the Application.

Activity Fee

Once approved, an Activity Fee is charged. This fee is based on the total number of CME Credits awarded, not the number of CME Credits that any one physician can claim, and invoiced upon approval.

The Activity Fee is \$500 for activities up to 2 credits and \$250 per credit for activities greater than 2 credits.

Late Fees

A \$100 late fee will be assessed to any application received 59 to 31 days prior to the activity.

A \$100 per credit late fee will be assessed if post-activity materials are not received within 60 days after the activity.

In addition to the Application Fee and Activity Fee, all expenses associated with a MedChi Committee on Scientific Activity (COSA) representative attending Planning Meetings and Educational Events will be charged to the non-accredited provider (invoiced after the activity). All fees become non-refundable once an activity has taken place.

CONDITIONS

By completing this application, the undersigned agrees to the following:

1. MedChi will be contacted at the beginning of the planning process and be involved in all necessary aspects of the CME activity for which providership is sought.
2. Promotional materials will not make reference to CME Credits, MedChi nor joint providership until MedChi provides written authorization. Specifically, promotional materials will not state "CME applied for" or similar wording. Draft copies of promotional materials and all handouts must be approved by MedChi before being sent for final printing and distribution.
3. MedChi's name and logo and the phrase "jointly provided by MedChi" will be placed prominently on the cover of all promotional materials, on the program book, and on syllabus materials. Promotional materials will conform to the Identity Standards and Basic Guidelines set for use of MedChi name and logo. (Once approved, we will provide you with an electronic version of the logo.)
4. The following prescribed accreditation statement and designation statement are to be used in promotional and program materials, as well as on all certificates:

Accreditation Statement

"This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of MedChi, The Maryland State Medical Society and [name of non-accredited provider]. MedChi is accredited by the ACCME to provide continuing medical education for physicians."

Designation Statement

"MedChi designates this [learning format] for a maximum of [# of credits] *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity."

The learning format listed in the Designation Statement must be one of the following AMA approved formats:

- | | |
|------------------------------------|-------------------------------|
| a. Live activity | b. Enduring material |
| c. Journal-based CME activity | d. Test-item writing activity |
| e. Manuscript review activity | f. PI CME activity |
| g. Internet point-of-care activity | |
5. To comply in full with all terms and conditions for a joint providership as delineated in the application, and to meet all designated deadlines.
 6. To pay all fees in a timely fashion and furthermore to pay any and all late fees incurred as a result of non-timely payment, late submission, or failure to submit required post-activity materials by deadline as set in this application agreement.
 7. To abide by the Accreditation Council for Continuing Medical Education's (ACCME) [Standards for Commercial Support, Standards to Ensure the Independence of CME Activities](#).
 8. To provide MedChi with all required documentation regarding commercial support for an activity and a full accounting of all commercial support funding.
 9. MedChi must be notified of the cancellation of the accredited activity **no later than forty-eight (48) hours prior to the activity date.**

CONDITIONS (continued)

By completing this application, the undersigned agrees to the following:

10. The non-accredited organization is responsible for notifying registrants of the cancellation of an activity. This notification of the cancellation must be made to all registrants for that activity in a fair and timely fashion using the most efficient methods available.
11. Once an activity has taken place, all fees, documentation and actions associated with that activity must be fulfilled and completed. All fees become non-refundable once an activity has occurred.
12. Upon request, the non-accredited joint provider will provide MedChi with modest complimentary exhibit booth space at the event.
13. Upon request, the non-accredited joint provider will provide MedChi with four (4) complimentary registrations to the educational activity.
14. When a joint providership involves commercial support (i.e., a commercial support grant), solicited by the non-accredited joint provider, MedChi, as the accredited provider, will assess a fee of 6.5% of the total grant amount as an administrative fee for processing and documenting compliance for accreditation. This fee applies to each grant for commercial support associated with the jointly provided activity.

MedChi will capture this fee during the processing of the commercial support grant, during what is currently called the "pass-through" process. MedChi will assess the 6.5% fee at that time and deduct it from the amount sent out to the non-accredited joint provider.

In cases where commercial support was negotiated and received prior to MedChi joining in the activity as the accredited provider, MedChi will assess the 6.5% fee via invoice to the non-accredited joint provider as part of the process of transferring the administration of the commercial support to MedChi as the accredited joint provider.

This policy is in no way intended to indicate or infer that MedChi will apply for or solicit grants as part of this administrative fee.

Responsibilities of MedChi/Committee on Scientific Activity (COSA):

1. Review a completed application for joint providership from a prospective non-accredited joint provider. Decide whether or not to participate as the accredited joint provider in timely fashion. If a decision is made to participate the following will apply:

A representative of MedChi/COSA must serve as liaison with the non-accredited joint provider during planning, implementation, and follow-up of the activity. The liaison will keep COSA informed about the status of the jointly provided activity, and communicate COSA's questions, concerns, and recommendations to the activity planning committee of the non-accredited joint provider.
2. All decisions made by MedChi/COSA regarding the accreditation of an activity are final.
3. Provide the non-accredited joint provider with a copy of these Policies and Procedures, copies of sample documents, and a checklist for joint providership.

Expectations of the Joint Providership Applicant:

1. Present the request for joint providership in writing when the activity is in the concept stage. Be prepared to document the educational need for the activity at this time.
2. Include the MedChi/COSA liaison in all discussions/meetings to plan, implement, and evaluate the activity.
3. Plan and implement the activity in accordance with the ACCME's Essentials and Policies, and provide MedChi/COSA with all required written documentation.
4. Submit a completed joint providership application and receive final approval for awarding credits from MedChi/COSA before marketing the activity for CME.
5. Obtain faculty curriculum vitae or biographical sketches and disclosure forms, using the required MedChi disclosure form, and submit them to MedChi with the application.
6. To cooperate with MedChi in the resolution of any conflicts of interest (COI) that may be identified through the disclosure process, and to work with MedChi in the implementation of said resolutions of any COI.
7. Submit all written correspondence, activity announcements, and evaluation forms to MedChi/COSA for approval before sending/using. As the accredited provider, MedChi's name and logo must appear prominently on all promotional materials and program materials.
8. Fully comply with the [ACCME's Standards for Commercial Support](#), and provide full financial disclosure to MedChi at the conclusion of the activity.
9. Submit all required materials listed on the [Checklist for Non-Accredited Joint Providership](#) in a timely fashion, as outlined on the form.

Prior to submission of this application, please be sure that all sections are completed, all questions are answered, all required documents are attached, and the application fee is enclosed. Incomplete applications will be rejected.

APPLICATION REQUIREMENTS

STEP 1 – Management Responsibility

Provide the name of the person responsible for the management procedures:

The Faculty Director whose name appears on the front page of this application accepts responsibility that the Essentials are being met through the planning, implementation and evaluation of this activity.

Signature of the Faculty Director: _____

STEP 2 – Purpose and Mission

The applicant's organization mission statement must be congruent with COSA's mission statement. Please review [COSA's mission](#) and be sure that the purpose, scope, and characteristics of participants of your intended activity agree with our mission. Proceed only if your mission is congruent with COSA's.

(a) Attach your organization's mission statement.

(b) Attach your educational activity's mission/purpose statement.

STEP 3 – Evidence of Planning Process and Needs Assessment

The applicant must use a planning process that **links identified educational needs with a desired result** in the provision of the CME activity.

The planning process begins when you identify at least one educational gap. This educational gap can be expressed as the difference between what actually occurs (Actual) and what ought to occur to give the best care possible to patients (Optimal).



Therefore, the individual completing this form must **(a)** describe identified educational gap(s); **(b)** determine whether closing the identified gap(s) will improve knowledge, enhance competency, and/or change physician behavior; **(c)** identify barriers that may need to be overcome to close the gap(s); and **(d)** describe how each gap was analyzed so that the cause of the problem is being addressed through CME. The latter is called a **Needs Assessment** and must include a minimum of two sources (e.g., scientific evidence from literature, review of epidemiology, quality assurance/improvement data, previous course evaluations, survey of potential audience, new activity/technique/medical issue for which professionals should be educated, clinical expert opinion, practice guidelines). Whenever possible, local quality assurance data should be included as a component of the needs assessment.

(a) What is/are the educational gap(s)? How was this gap (were these gaps) identified? In other words, what is/are the quality gap(s) that this CME activity is trying to address?

(b) What is the reason that each gap exists? Is it because physicians don't know something (i.e., there is a knowledge deficit)? Is it because physicians aren't able to do something (i.e., there is a competency problem)? Is it because the physicians did something or failed to do something (i.e., there is sub-optimal physician behavior)?

(c) What are the barriers facing the learners who are trying to close the identified gap(s)?

(d) What sources and kinds of information (i.e., needs assessment data) did you use to figure out the cause of the gap? Please include a minimum of two sources of needs that were used to identify the learning gap(s).

STEP 4 – Target Audience

By clearly identifying the specific target audience for the proposed CME activity, you will be able to plan a learning process that will enable the learners to close the identified gap(s).

For whom is this activity intended? Describe (in general) the scope of practice of your target audience. Do they serve a specific patient group? Do they have both clinical and non-clinical responsibilities? Do participants have special background/prior training requirements?

(a) What is/are the primary target audience(s) that will help close the identified educational gap(s)?

STEP 5 – Desirable Physician Attributes

The following **Examples of Desirable Physician Attributes** are competencies that physicians must master in order to provide optimal care, based on the Accreditation Council for Graduate Medical Education, the American Board of Medical Specialties and the Institute of Medicine. To ensure that your educational activity will assist physicians to provide optimal care, your educational activity must incorporate one or more Desirable Physician Attributes.

(a) Be sure to check off the attribute(s) that your activity will incorporate from this list.

Some Examples of Desirable Physician Attributes (C6)

Institute of Medicine Core Competencies	ACGME/ABMS Competencies	ABMS Maintenance of Certification
<p><input type="checkbox"/> Provide Patient-Centered Care – identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.</p> <p><input type="checkbox"/> Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.</p> <p><input type="checkbox"/> Employ evidence-based practice- integrate best research with clinical expertise and patient values for optimum care and participate in learning and research activities to the extent feasible.</p> <p><input type="checkbox"/> Apply quality improvement - identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</p> <p><input type="checkbox"/> Utilize informatics – communicate, manage knowledge, mitigate error, and support decision making using information technology.</p>	<p><input type="checkbox"/> Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</p> <p><input type="checkbox"/> Medical Knowledge about establishing and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care.</p> <p><input type="checkbox"/> Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.</p> <p><input type="checkbox"/> Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.</p> <p><input type="checkbox"/> Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</p> <p><input type="checkbox"/> Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.</p>	<p><input type="checkbox"/> Evidence of Professional Standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</p> <p><input type="checkbox"/> Evidence of a Commitment to Lifelong Learning and involvement in a periodic self-assessment process to guide continuing learning.</p> <p><input type="checkbox"/> Evidence of Cognitive Expertise based on performance on an examination. That exam should be secure, reliable, and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism.</p> <p><input type="checkbox"/> Evidence of evaluation of Performance in Practice including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physician behaviors, such as communication and professionalism, as they relate to patient care.</p>

STEP 6 – Evaluation Method

In order to determine whether the identified gap(s) has/have been closed, the CME activity must be evaluated. To be effective, the evaluation method must match the type of gap that was identified in step 1. For example, an activity designed to change the behavior of a physician should not be limited to a post-activity survey that asks whether participants were satisfied with the quality of the handout materials.

There are different levels of educational evaluation described in literature. Of interest here are level 5, learner competence or ability, measured by a variety of techniques that determine whether a physician can apply the knowledge they have in the care of patients (i.e., this knowledge in practice can be determined by questions that measure application, case-based assessments, and/or simulations); level 6, self-reported learner behavioral change, typically determined by participants filling out an “intent-to-change” form immediately following an educational activity, followed by a questionnaire a few months later; level 7, documented learner change in behavior, determined by a third party that measured actual behavior both before and after an actual educational intervention; level 8, impact on individual patients, as measured by health outcomes on specific patients; and level 9, impact on patient populations, as measured by health outcomes on a patient or population cohort.

You must include an assessment of possible commercial bias in your evaluation tool.

Example: Do you feel this presentation was biased toward any specific commercial product(s)?

No Yes If yes, please specify _____

(a) Which of the educational evaluation levels described above will best determine whether your educational activity has closed your identified gap(s)? You can list all that apply.

(b) What type of evaluation method/tool(s) will you use to determine whether the identified gap(s) has/have been closed? Do you plan on using this/these tool(s) on every participant or a sample of the learners?

(c) Attach a copy of your proposed evaluation tool (see the [Sample Evaluation](#) on our website).

STEP 7 - Learning Objectives and Content

Once you have identified the educational gap, target audience and pertinent competency that you want to address with your educational activity, the desired results, [learning objectives](#) and content of the CME activity are determined.

Learning objectives must be derived from the needs assessment, relate to the intended audience, and be linked to the evaluation method. All learning objectives must be measurable. Learning objectives need to be written in a clear manner to (a) help define the content of the activity, (b) assist faculty in the preparation of the presentation, (c) offer a standard for the evaluation of the activity, and (d) aid prospective participants to determine whether or not the activity meets their needs and interests.

List the learning objectives for this educational activity. Please be sure to use action verbs such as define, analyze, and demonstrate when describing learning objectives (see [List of Verbs for Learning Objectives](#) on our website).

Each CME activity must include written learning objectives that must be listed in all promotional materials, including brochure, syllabus, flyer, web site listing, announcement, etc. (AMA requirement).

Similarly, the content should reflect the foundation outlined in the learning objectives. The content should be dictated by the need to close the identified gap(s), and therefore must address the need to improve knowledge, enhance competence, influence behavior, and/or improve patient outcome.

All applications are peer reviewed for content and potential conflict of interest. In order for this to occur, you are required to attach an abstract or a draft PowerPoint presentation, including a minimum of two (2) scientific references (citations will suffice), to your application. This documentation should communicate the scope of the educational activity and summarize the key information. A separate abstract or presentation with corresponding references must be submitted for each session, lecture, presentation, or workshop that is part of the educational activity.

(a) Based on the identified gap(s), as well as the cause for the gap that you discovered through the needs assessment analysis, what are the desired results of the CME activity?

(b) Based on the identified gap(s) and the desired result(s), what is/are the activity objective(s)?

(c) How does the content relate to the current or potential scope of practice of the physicians target audience?

(d) Attach one abstract or draft presentation with a minimum of two (2) scientific references for each session, lecture, presentation, or workshop that is part of the educational activity.

STEP 8 – Learning Methods

When choosing the type of educational format (e.g. case presentation, small group workshop, demonstration, lecture with discussion, online materials, self-directed learning) for your educational activity, you need to consider the previous steps. The educational method should reflect the gap(s), target audience, evaluation method, desired results, learning objectives and content.

(a) What type of activity will this be (live activity, internet activity, journal CME, regularly scheduled series)?

(b) What type of educational design will the activity have (e.g., presentation, case-based, round table discussion, simulation)?

(c) How do the educational format/method and design of this CME activity support your desired results and learning objectives?

STEP 9 - Instructors

Instructors and authors should be selected only after the content has been chosen and the educational methodology has been determined. You should select faculty that are best suited to teach the activity that you have planned, not vice versa. When selecting instructors, you may look for criteria such as demonstrated expertise in the content area selected; ability to communicate effectively with the target audience; and willingness to meet the educational needs that the planning committee has identified.

(a) Who are the right instructors to cover this content? Do you want them to focus on transfer of information (e.g., lectures and monographs), techniques to overcome gaps in competence (e.g., algorithms and case-based discussions), or strategies to overcome system problems (e.g., guidelines, policies, and toolkits)?

(b) Attach a brief biosketch or CV of each instructor.

STEP 10 – Commercial Support

MedChi, The Maryland State Medical Society abides by and endorses the Accreditation Council for Continuing Medical Education's (ACCME) [Standards for Commercial Support](#) (SCS). These are standards to ensure independence in CME activities. A non-accredited joint provider (applicant) must abide by the SCS. Failure to abide will result in revocation of CME accreditation for the educational activity.

Please initial here to indicate that your organization has reviewed, understands and agrees to abide by the Standards for Commercial Support. Initial: _____

Once an activity is accepted for accreditation as a Joint Providership, **ALL** commercial support for that activity **must** be administered through MedChi as the accredited provider. MedChi is responsible for overseeing all commercial support for this activity; this means that any commercial support agreements made prior to approval must now be transferred to MedChi for administration. MedChi must be informed of all commercial support applications related to this activity. A letter of agreement (LOA) for commercial support is included with this application packet. Only this LOA can be used for commercial support agreements once this educational activity has been approved for accreditation. The use of any other LOA, such as one from a commercial supporter, must be reviewed and approved by MedChi, before any signature. MedChi must sign off on and receive fully executed copies of Letters of Agreement. Payment must be authorized and managed directly by MedChi. *Failure to comply with these requirements will result in revocation of accreditation and will have a serious negative effect on any future requests or applications from the non-accredited provider.*

(a) Will you receive funding from outside of your organization for this activity? Yes ___ No ___
If yes, you must submit to MedChi a list of all supporters along with any signed agreements and other documentation that is already in place.

(b) Attach a [draft budget](#) that delineates income and expenses.

STEP 11 – Disclosure Form and Methods

Anyone in a position to control or influence the CME content of an educational activity is to submit a signed Disclosure Form. ***You must use the MedChi Disclosure form found in the Forms section.*** Prior to an activity, the accredited provider of a CME activity is required to review all disclosures and determine if a "conflict of interest (COI)" exists. In the event that a COI is found to exist, the accredited provider will require that said conflict is resolved through a designated "mechanism of action" prior to the educational activity. The non-accredited joint provider agrees to abide by the designated mechanism and the action of its implementation prior to the activity. Failure to abide will result in revocation of CME accreditation for the educational activity.

All disclosure forms – from presenters and planning committee members - **must be submitted with this application.**

Any person who refuses to disclose will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

Disclosure must include information on any "off-label" use of products and/or devices. *Off-label disclosure must be done verbally to the audience as well as in writing.*

You are **required** to use the MedChi's disclosure form to gather this information. You may also adapt the [Sample Letter re. Relevant Financial Relationships](#) to assist you in acquiring disclosure information. One of the following methods **must** be used to inform the audience, prior to the activity, of disclosure of all individuals in a position to control the content of the activity (faculty and planners):

- ◇ Printed in the syllabus or handout for the activity.
- ◇ Appearance on the first slide of your power point presentation.

The ACCME's Standards for Commercial Support (standards 6.1 and 6.2) require both individuals with relevant financial relationships and individuals with no relevant financial relationships to inform the learners that such relationships do or do not exist. Failure to provide MedChi with evidence that [written disclosure](#) took place at the time of the activity can result in loss of accreditation of this activity.

Verbal disclosure alone is not sufficient for this CME activity.

If you receive commercial support for this activity, you must disclose/announce the source of support to the learners in written form.

STEP 12 – Schedule/Agenda

Once you have planned your educational activity, you will develop a schedule or agenda, detailing how long each part of activity (each presentation/discussion/simulation) will take.

- (a) Attach a draft program outline/schedule/agenda with times clearly indicated.

STEP 13 – Post-Activity

You must submit the following materials to MedChi within 60 days after completion of your activity:

- (a) A copy of your program book or schedule and all handouts and printed materials.
- (b) Evidence that written disclosure to participants took place.
- (c) A breakdown of how many physicians and non-physicians were in attendance.
- (d) List of individuals claiming CME Credits. You must electronically submit an excel spreadsheet with the following columns: First Name, Last Name, Credentials, Address, City, State and Zip Code, and Number of CME Credits Claimed. (See the [sample](#) on our website.)
- (e) Copies of each completed evaluation and a summary of the evaluations.
- (f) The final course budget with income and expenses detailed.
- (g) A list of all exhibitors.
- (h) A copy of any recordings made of the educational activity.

Provide MedChi's Department of CME with the list of your attendees as soon as possible after your activity, so MedChi can create and distribute CME Certificates for you. We now provide this service free of charge for you.

Failure to Comply

Failure to comply with these requirements, conditions and deadlines will result in fees, a letter of sanction, possible revocation of accreditation and will affect any future applications for Joint Providerships with MedChi.

I attest that the information reported is complete and accurate.

Name (Print): _____

Title: _____

Signature: _____

Date of Submission: _____

**Please forward the application and ALL required documents to:
Department of CME; MedChi; 1211 Cathedral Street; Baltimore, MD 21201-5516.**



LETTER OF AGREEMENT
Regarding Terms, Conditions and Purposes of a Joint Providership

Accredited Organization: MedChi, The Maryland State Medical Society

Address: 1211 Cathedral Street

City, State, Zip Code: Baltimore, Maryland 21201-5516

Telephone, Fax, Contact Person: Telephone: 800.492.1056; Fax: 410.539.6427; Director of CME

The above-named Accredited Organization wishes to provide accredited joint providership to:

Non-Accredited Organization: _____

Address: _____

City, State, Zip Code: _____

Telephone, Fax, Contact Person: _____

The above-named Non-Accredited Organization agrees to pay MedChi, The Maryland State Medical Society, for providing accredited providership, an Application fee of \$950.00 and, upon approval, an Activity Fee of \$_____ (based upon the number of approved CME credits) and any additional expenses associated with a MedChi Committee on Scientific Activity (COSA) Representative attending planning meetings and the activity.

CONDITIONS

1. Statement of Purpose: An accredited provider may be asked by organizations which are not accredited to jointly provider CME activities, so they may have accredited providership. When an accredited provider agrees to joint providership, it must accept responsibility that the Essentials and Standards are met when educational activities are planned and presented in joint providership with non-accredited providers.

2. **MedChi, The Maryland State Medical Society** shall utilize specific written policies and operating procedures to effectively govern the planning and implementation of its jointly provided activities.
3. **MedChi** shall provide evidence that it participates integrally in the planning and implementation of each jointly provided CME activity.
4. **MedChi** shall conduct an evaluation of each jointly provided CME activity.
5. Upon request, the non-accredited joint provider will provide MedChi with modest complimentary exhibit booth space at the event.
6. Upon request, the non-accredited joint provider will provide MedChi with four (4) complimentary registrations to the program.
7. **<NON-ACCREDITED ORGANIZATION>** agrees to include the **MedChi logo** on all promotional materials and on the printed program of the jointly provided activity.
8. **<NON-ACCREDITED ORGANIZATION>** agrees to put the following statement *verbatim* on all brochures, printed programs, announcements, and educational materials for CME activities:

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of MedChi, The Maryland State Medical Society and [non-accredited provider]. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

MedChi designates this [learning format] for a maximum of __ *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

9. The **<NON-ACCREDITED ORGANIZATION>** agrees to: 1) abide by the Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from **MedChi** in program brochures, syllabi and other program materials, and 3) upon request, furnish **MedChi** with a report concerning the expenditure of any funds provided.

AGREED

Non-Accredited Company Representative (name) _____

Signature _____ Date _____

CME Department Director or Designee (name) _____

Signature _____ Date _____