



## INITIAL CME ACCREDITATION PRE-APPLICATION

The purpose of this pre-application is to provide NHMS with information necessary to determine if your organization is eligible and verify that mechanisms are in place for your organization to meet NHMS's CME requirements. We ask that you demonstrate that you have mechanisms already in place to fulfill the accreditation requirements in the CE activities that you are producing, or have produced.

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Chief Executive Officer of the Organization

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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### Organizational Information

A. Briefly describe what your organization does and who your customers are:

B. Please indicate what classification most accurately describes your organization:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 501c Non-Profit              | <input type="checkbox"/> Blood Bank              | <input type="checkbox"/> Diagnostic Laboratory     |
| <input type="checkbox"/> For-Profit Hospital          | <input type="checkbox"/> For-Profit Nursing Home | <input type="checkbox"/> For-Profit Rehab Center   |
| <input type="checkbox"/> Government Organization      | <input type="checkbox"/> Group Medical Practice  | <input type="checkbox"/> Health Insurance Provider |
| <input type="checkbox"/> Liability Insurance Provider | <input type="checkbox"/> Non-Health Care Related | <input type="checkbox"/> Other: _____              |

C. Has the organization been accredited before? ☐ Yes ☐ No

D. Does the organization have a CME mission statement?

- ☐ Yes, please attach copy ☐ No, please explain: \_\_\_\_\_

E. Has the organization participated in CME jointly provided activities? ☐ Yes ☐ No

F. Describe any past CME activities the organization has offered or been involved in:

G. Attach an organizational chart that shows the leadership and staff relationships for your CME Program. If your CME program is part of a larger institution, include an organizational chart that shows the position of the CME Program in relation to the institution's overall structure. If no framework currently exists, please attach a proposed plan. To be eligible for NHMS accreditation, the organization must have a framework for CME to support its mission.

*Organizations are not eligible for NHMS accreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are:*

- *Not within the definition of CME, or*
- *Known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.*

H. Describe the nature and scope of the content that you offer or plan to offer through your CME activities:

*The ACCME defines ineligible companies as "any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients." Ineligible companies may not be accredited.*

I. Does your organization, or a part of your organization, produce, market, sell, re-sell, or distribute health care products used by or on? ☐ Yes ☐ No

J. Does your organization advocate for an ACCME-defined ineligible company? ☐ Yes ☐ No

*The ACCME defines commercial support as financial or in-kind support from an ineligible company. The definition of roles and requirements when commercial support is received are outlined in the [ACCME Standards for Integrity and Independence in Accredited Continuing Education](#).*

K. Will the organization's CME activities receive educational support (financial or in-kind grants or donations) from any company, foundation, institution or society outside of your organization? *Exhibit/display fees do not count as commercial support.* ☐ Yes ☐ No

L. What type of support will the organization seek for CME activities?

☐ Educational Grants ☐ Exhibit/Display Fees ☐ In-Kind Support ☐ Not Applicable