**Sample Forms Packet**

**Important:**

The Sample Forms Packet is provided as a resource for your CME Program. Please **do not distribute the entire packet**. Instead:

* **Select the forms** you need for your program. See ‘Steps to Divide a Word Document into Separate Files’.
* **Fill in the requested information** in the gray text boxes <<text >> then remove the gray highlighting.
* **Delete any yellow highlighted text,** as these are notes solely for the accredited provider.

**Steps to Divide a Word Document into Separate Files**

1. **Select Content:** Highlight the section or page you wish to extract for the new document.
2. **Copy Content:** Press Ctrl + C to copy the selected text.
3. **Open a New Document:** Go to File > New to create a blank Word document.
4. **Paste Content:** Press Ctrl + V to paste the copied text into the new document.
5. **Save the Document:** Choose File > Save As and name the document appropriately.
6. **Repeat:** Follow these steps for each section you want to split into a separate document.

**About the Sample Forms Packet**

The Texas Medical Association provides the Sample Forms Packet as a template to help document:

* Evidence of core accreditation criteria,
* Standards of Integrity and Independence in Accredited Continuing Education (Standards), and
* Related policies specifically for CME activities.

**Optional Use**

These forms are **samples only** and do not guarantee compliance with TMA requirements. Many accredited providers develop their own policies, procedures, and forms for planning and delivering accredited education. As you review your practices, consider comparing them to these resources to ensure alignment with expectations.

**Additional Notes**

* The forms are referenced in the Sample CME Activity Development Process document, which is recommended for simultaneous use.
* The packet is saved as a Word document, allowing customization, such as adding your logo or including additional questions tailored to your needs.
* Some forms and questions may not directly relate to accreditation criteria or policies but can be useful for specific activities.

**The packet includes the following samples:**

Collection of Financial Relationships 3-4

Mitigation of Relevant Financial Relationships 5

Attestation – Ensuring that Content is Valid 6

Peer Review – Ensuring that Content is Valid 7

CME Activity Development Planning Form 8-9

Faculty Letter 10

Letter of Agreement for Commercial Support 11-12

Exhibitor agreement 13

Publicity Flyer 14

Examples of Communication Disclosure to Learners 15

Verbal Disclosure 16

Evaluation Form 17

Sample Evaluation Questions 18-19

Income Statement 20

Individual in Control of Content Table 21

Dear Prospective Planner and/or Faculty:

We are looking forward to having the opportunity to include you as a proposed planner and/or faculty in a continuing medical education activity.

**Why am I receiving this communication?** <<Name of accredited provider>> is accredited by the Texas Medical Association (TMA). To ensure compliance with accreditation guidelines and to support the creation of high-quality education that is independent of industry influence, all proposed planners and faculty are required to complete this form. To participate as a person who will be able to control the educational content of this CE activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past 24 months. We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit accme.org/standards.

**Why do we collect this information?** Since healthcare professionals serve as the trusted authorities when advising patients, they must protect theirlearning environment from industry influence to ensure they remain true to their ethical commitments. Manyhealthcare professionals have financial relationships with ineligible companies. By identifying and mitigatingrelevant financial relationships, we work together to create a protected space to learn, teach, and engage inscientific discourse free from influence from organizations that may have an incentive to insert commercial biasinto education.

**What are the next steps in this process?** After we receive your disclosure information, we will review it to determine whether your financial relationshipsare relevant to the education. Please note: the identification of relevant financial relationships does notnecessarily mean that you are unable to participate in the planning and implementation of this educationalactivity. Rather, the accreditation standards require that relevant financial relationships are mitigated before youassume your role in this activity.

To help us meet these expectations, please complete the form we have provided to share all financial relationships you have had with ineligible companies during the past 24 months. This information is necessary for us to be able to move to the next steps in planning this continuing education activity.

<<Name of accredited provider>> expects that:

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

If you have questions about these expectations, please contact us at << contact information for accredited provider>>.

**Financial Relationships**

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below. The Standards for Integrity and Independence require that individuals who refuse to provide this information are disqualified from involvement in the planning and implementation of accredited continuing education. If you have questions, please contact us at. This information is necessary for us to be able to move to the next steps in planning this activity.

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| --- | --- | --- | --- | --- |
| **Name:**  **Title/topic of Continuing Education:**  **Date and location of education:** | | | **Prospective role(s) in education:**  Select all that apply.  Planner (planning committee, content reviewers, CME Committee; and staff involved in choosing topics, faculty, or content)  Faculty (presenter, moderator, panel member, author)  Other (i.e., patient), specify: | |
| Please disclose **all financial relationships** that you have had in the past **24 months** with **ineligible companies** and attest **OR** if you have not had any financial relationships with any ineligible companies in the past 24 months, mark the box in the last row, and attest.  For each financial relationship, provide the following details in the table below:   * The name of the ineligible company(ies). * The nature of the financial relationship(s). * If the relationship(s) is specific to a therapeutic area(s), please list/describe. * Let us know if the financial relationship existed during the last 24 months but has now ended.   An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. See Examples.1 There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education. *If you need additional rows, to right click on the third to last row in the table, select Insert, and then select Insert Rows Below* | | | | |
| **Ineligible Company1** | | **Nature of Financial Relationship2** | **Therapeutic area(s)** | **Has the financial relationship ended?** |
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| **OR** | | | | |
|  | Mark an “x” in the box to the left by double clicking on the box and selecting “checked”, if you have not had financial relationships with any ineligible companies in the past 24 months. | | | |

**Signature and Date**

|  |  |
| --- | --- |
| **I attest that the above information is correct as of this date of submission. You can sign electronically by typing your name in the box and entering the date.** |  |
| **Date:** |  |

**1Examples:** (1) Advertising, marketing, or communication firms whose clients are ineligible companies (2) Bio-medical startups that have begun a governmental regulatory approval process; (3) Compounding pharmacies that manufacture proprietary compounds; (4) Device manufacturers or distributors; (5) Diagnostic labs that sell proprietary products; (6) Growers, distributors, manufacturers or sellers of medical foods and dietary supplements; (7) Manufacturers of health-related wearable products; (8) Pharmaceutical companies or distributors; (9) Pharmacy benefit managers; and (10) Reagent manufacturers or sellers **2 Examples:** employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options; diversified mutual funds do not need to be disclosed. Research funding by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.

**Mitigation of Relevant Financial Relationships**

<<Name of Activity/Conference>>

<<Date of Activity/Conference>>

|  |  |
| --- | --- |
| Choose a **mitigation strategy** for each person who has a relevant financial relationship and **implement** that strategy before the person assumes their role. | |
| Using the lists below, identify which mitigation strategy(ies) will be used for **all persons** with relevant financial relationships who control the educational content of the educational activity. You may select multiple strategies but be sure to use strategies **appropriate to the role(s)** that each person has. You can also identify your own strategies for mitigation. | |
| **Mitigation steps for planners** *(choose at least one)* | **Mitigation steps for faculty and others** *(choose at least one)* |
| **✓ Divest** the financial relationship  **✓ Recusal** from controlling aspects of planning and content with which there is a financial relationship  **✓ Peer review** of planning decisions by persons without relevant financial relationships  **✓** Use **other methods** *(please describe)*: | **✓ Divest** the financial relationship  **✓ Peer review** of content by persons without relevant financial   relationships  **✓ Attest** that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines)  **✓** Use **other methods** *(please describe)*: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** the mitigation strategy(ies) you used for each person with a relevant financial relationship. | | | |
| **A** | **B** | **C** | **D** |
| **NAME OF PERSON** | **ROLE(S) IN ACTIVITY** | **STEP(S) TAKEN TO MITIGATE RELEVANT FINANCIAL RELATIONSHIP** | **DATE IMPLEMENTED** |
| *Example: Dr. Jones* | *Planner* | *Recusal from topic/faculty selection* | *Oct 28, 2024* |
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**Attestation – Ensuring that Content is Valid**

**Presentation title:**

**Please attest to the following questions regarding the clinical content of the education:**

I attest that all recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

I attest that all scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the presentation.

Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Signature:

Date:

Please consider using these strategies to help us support the development of valid, high-quality education:

* Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.
* Ensure that, if there is a range of evidence, that the credible sources cited present a balanced view of the evidence.
* If clinical recommendations will be made, include balanced information on all available therapeutic options.
* Address any potential risks or adverse effects that could be caused with any clinical recommendations.

**Peer Review – Ensuring that Content is Valid**

**Title of Activity/Conference:**

**Date(s) of Activity/Conference:**

|  |  |
| --- | --- |
| **Please answer the following questions regarding the clinical content of the education.** |  |
| Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? *[Standards for Integrity and Independence 1.1]* | **Yes**  **No** |
| *Comments:* | |
| Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? *[Standards for Integrity and Independence 1.2]* | **Yes**  **No** |
| *Comments:* | |
| Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? *[Standards for Integrity and Independence 1.3]* | **Yes**  **No** |
| *Comments:* | |
| Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning? *[Standards for Integrity and Independence 1.3]* | **Yes**  **No** |
| *Comments:* | |
| Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? [Standards for Integrity and Independence 1.4] | **Yes**  **No** |
| *Comments:* | |

**CME Activity Development Planning Form**

|  |
| --- |
| **STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION**  Accredited providers are required to mitigate planners’ financial relationships **prior to planning an educational activity**. Please follow the provider’s steps for collecting financial information for all prospective planners, faculty, and others who would be in positions to control content. After the information has been collected, the provider will review the financial relationships to determine if they are relevant to the content of the continuing education activity, and then mitigate any identified financial relationships. If any of the following statements apply to the activity, accredited providers do not need to collect financial information. |

For assistance with questions that reference a page number, refer to the Guide to Completing the CME Activity Development Planning Form. For questions requiring an explanation or description, use complete sentences and keep your response concise (1–4 sentences). For a Regularly Scheduled Series (RSS), submit evidence for the entire series, not individual sessions, as the series constitutes the activity. Items marked with an asterisk require evidence to be provided at some stage of the process.

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| **Your name and email** | | Name:       Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACTIVITY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name of Organization | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Date(s) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Duration of activity   *Please report time in 15 -minute increments* | | | | | | | | hours       minutes | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Type   *(Refer to Guide, p.1)* | | Committee Learning  Enduring Material  Internet Searching & Learning | | | | | | | | | | | Journal-based CE  Learning from Teaching  Live Course | | | | | | | | | | | | Performance/QI  Regularly Scheduled Series  Other/Blended Learning, describe: | | | | | | |
| 1. \*Does the activity last more than one hour or does it include more than one presentation? | | | | | | | | | | | | | | | | | | | Yes, submit the agenda with the form  No | | | | | | | | | | | | |
| 1. Who is the intended audience? | | | | | Physicians, list specialties:  Other healthcare professionals, list professions:  Other professional types, list professions: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDUCATIONAL PLANNING AND EVALUATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe the professional practice gap(s) of your learners on which the activity is based. *(Refer to Guide, pp. 1-2)* | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 1. Describe the educational need(s) that you determined to be the cause of the professional practice gap(s). Complete all that apply. *(Refer to Guide, p. 3)* | | | | | | | | | **Knowledge** | | | | | | |  | | | | | | | | | | | | | | | |
| **Competence** | | | | | | |  | | | | | | | | | | | | | | | |
| **Performance** | | | | | | |  | | | | | | | | | | | | | | | |
| 1. Explain what competence, performance, and/or patient outcome this activity is designed to change. *(Refer to Guide, p.3)* | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 1. Based on the desired results of the activity, what are the objectives of the activity? Use measurable verbs. *(Refer to Guide, pp. 3-5)* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. Which type of educational format(s) (e.g., didactic, small group, interactive, hands-on skill lab, etc.) is selected for this activity? *(Refer to Guide, pp. 5-6)* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. Explain why this educational format is appropriate for this activity. *(Refer to Guide, pp. 5-6)* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. Select the desirable physician attribute(s) this will address. Select all that apply; or you may enter other competencies that arerecognized by your organization. *(Refer to Guide, pp. 6-7)* | | | | | | **ACGME/**  **ABMS** | | | | Patient Care and Procedural Skills  Medical Knowledge  Practice-based Learning and Improvement | | | | | | | | | | | | | | | | | Interpersonal and Communication Skills  Professionalism  Systems-based Practice | | | |
| **IOM** | | | | Provide Patient-centered Care  Work in Interdisciplinary Teams  Employ Evidence-based Practice | | | | | | | | | | | | | | | | | Apply Quality Improvement  Utilize Informatics | | | |
| **IPEC** | | | | Values/Ethics for Interprofessional Practice  Roles/Responsibilities | | | | | | | | | | | | | | | | | Teams and Teamwork  Interprofessional Communication | | | |
| **Other:** | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. Which of the following outcomes will you measure? Select only the outcomes which you will provide data after activity. *(Refer to Guide, p. 7)* *At a minimum, most activities are measured for a change in competence, and you measure beyond a change in knowledge.* | | | | | | | | | | | | | | Learner Competence  Learner Knowledge  Learner Performance | | | | | | | | | | | | Patient Health  Community/Population Health | | | | |
| 1. Describe the strategies you will use to obtain data or information about changes achieved in learners’ competence or performance or patient outcomes as a result of their participation in this activity.*(Refer to Guide, p.7)* | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 1. \*How will you disclose to learners, about the presence or absence of relevant financial relationships for all individuals in control of CME content. And, if applicable, that all relevant financial relationships were mitigated. | | | | | | | | | | | | | | | | PowerPoint slide  Signage at the registration table | | | | | | | | Program book  Promotional materials | | | | | | Verbally  Other, please specify**:** | |
| 1. \*How will you publicize the activity? | | | | | | Flyer | | | | Brochure | | | | | | | | Email | | | | Other, please specify: | | | | | | | | | |
| INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. \*Choose the types of income you plan to request or receive for the activity or select 'None.' | | | | | | | | | | | | Commercial support (monetary)  Commercial support (in-kind)  Exhibits or advertisements  Government monetary grants | | | | | | | | | | | | | | Private monetary grants  Other, please specify:  None | | | | | |
| COMPLETE THIS SECTION IF THE ACTIVITY IS RECEIVING COMMERCIAL SUPPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. \*List the names of the commercial supporter(s) of this activity and the dollar value of any monetary commercial support and/or indicate non-monetary (in-kind) support*.*   ***Note:*** *The accredited provider is responsible for executing the commercial support agreement for the activity. If you need additional rows — right click on the last row in the table, select* ***Insert****, then select* ***Insert Rows Below****. Copy and paste the check boxes in the new row(s) in the appropriate columns.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Commercial Supporter** | | | | | | | | | | | | | | | | | **Type of Support and if monetary, include amount** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Monetary | | | | | | | | | | | | Non-Monetary (In-kind) | | |
|  | | | | | | | | | | | | | | | | | Monetary | | | | | | | | | | | | Non-Monetary (In-kind) | | |
| TEXAS MEDICAL BOARD (TMB) REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Ethics and/or Professional Responsibility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does the content or portions of the content address medical ethics and/or professional responsibility? | | | | | | | | | | | | | Yes, describe how the presentation(s) relates to medical ethics and/or professional responsibility:  No | | | | | | | | | | | | | | | | | | |
| Pain Management and Prescription of Opioids | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does the content or portions of the content address pain management and the prescription of opioids? | | | Yes, select the topics that will be addressed in the activity:  Best practices, alternative treatment options, and multi-modal approaches to pain management that may include physical therapy, psychotherapy, and other treatments  Safe and effective pain management related to the prescription of opioids and other controlled substances, including education regarding: standards of care; identification of drug-seeking behavior in patients; and effectively communicating with patients regarding the prescription of an opioid or other controlled substances  Prescribing and monitoring of controlled substances  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individuals in Control of Content | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. List of individuals in control of content and their role(s) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |

<<Date of letter>>

Dear <<Name of faculty>>:

We are looking forward to having you as faculty in an upcoming CME activity. Thank you for agreeing to serve as faculty at our upcoming CME activity, <<**title of activity**>> to be held <<**date of activity**>> at <<**location of activity**>>. Your presentation, <<**title of presentation**>> is scheduled from <<**start time - end time**>>. Your presentation should be <<**education duration**>> to be followed by a <<**Q&A duration**>> period for audience questions.

Your audience primarily will be composed of <<medical specialty(ies)>> physicians from <<geographic location>>. The planning committee for this CME activity has developed the following objectives for the content of your presentation:

Upon completion of this presentation, physicians should be able to:

<<Measurable learning objectives>>

Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.

We will need the following materials from you no later than <<due date>>:

* A copy of your handout materials, if applicable
* Audio visual or other conference set-up requirements you will need for your presentation

**<*Delete next sentence if there is no honorarium* >:** As we agreed, your honorarium of $<<amount>> plus travel expenses will be paid upon <<submission of the enclosed speaker expense form to my office or insert the process your organization uses>>.

If you have questions or if we can be of assistance to you in any way, please contact me at << contact information for accredited provider>>.

Sincerely,

<<Your full name>>

<<Your professional title>>

<<Name of accredited provider>>

Written Agreement for Commercial Support

<<Name of accredited provider>> is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of ineligible companies. As part of this commitment, <<Name of accredited provider>> has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by an ineligible company, which is used to pay all or part of the costs of a CME activity. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**The agreement must be executed prior to the start of the accredited education.**

|  |  |
| --- | --- |
| **Title of CME Activity:** | |
| **Activity Location:** | **Activity Date:** |
| **Name of Ineligible Company:** | |
| **Direct Commercial Support** | **In-kind (non-monetary) Commercial Support** |
| **Amount of Educational Grant:**    **Grant will be used for the following:**  Speaker Honoraria  Speaker Expenses – itemize:  Meeting Expenses – itemize:  Other – list: | **Indicate nature of support:**  durable equipment  facilities/space  disposable supplies (non-biological)  animal parts or tissue  human parts or tissue  other – description required: |

**Terms, Conditions, and Purposes**

**Independence**

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the ineligible company.
2. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

**Appropriate Use of Commercial Support**

1. The accredited provider will make all decisions regarding the receipt and disbursement of the funds from the ineligible company.
   1. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
   2. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
   3. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
   4. The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.
2. The ineligible company will not require the accredited provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
3. All commercial support associated with this activity will be given with the full knowledge and approval of the accredited provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.
4. The accredited provider will, upon request, furnish the ineligible company documentation detailing the receipt and expenditure of the commercial support.

**Commercial Promotion**

1. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Ineligible companies may not engage in sales or promotional activities while in the space or place of the CME activity.
2. The ineligible company may not be the agent providing the CME activity to the learners.

**Disclosure**

1. The accredited provider will ensure that the source of support from the ineligible company, either monetary or in-kind, is disclosed to the participants, in program brochures, syllabi, and/or other program materials, and at the time of the activity. This disclosure must never include the use of a corporate logo, trade name or a product-group message of an ineligible company.

The ineligible company and <<Name of accredited provider>> agree to abide by all requirements of the **Standards for Integrity and Independence in Accredited Continuing Education.**

|  |  |
| --- | --- |
| **Name of Accredited Provider:** | |
| Tax ID Number: | |
| Contact Person: | |
| Phone Number: | Email: |
| **Educational Partner (if applicable):** | |
| Contact Person: | |
| Phone Number: | Email: |
| Tax ID Number: | |
| **Name of Ineligible Company:** | |
| Address: | |
| City, State, Zip: | |
| Contact Person: | |
| Phone Number: | Email: |

**Agreed by Authorized Representatives**

**Ineligible Company**

Signature:

Date:

Printed Name:

Title:

**Accredited Provider**

Signature:

Date:

Printed Name:

Title:

**Educational Partner (if applicable)**

Signature:

Date:

Printed Name:

Title:

<<Date of letter>>

<<Name of contact>>

<<Company>>

<<Address>>

Dear <<Name of contact>>:

We are pleased to confirm that your company will be represented in the exhibit area at our upcoming CME activity, <<name of activity>>, to be held <<date of activity>>, in <<location of activity, address>>.

As an accredited CME provider, the <<name of accredited provider>> is governed by the Standards for Integrity and Independence in Accredited Continuing Education. In accordance with these Standards, <<name of accredited provider>> has established the following policies for exhibits held in conjunction with its educational activities:

Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:

* Influence any decisions related to the planning, delivery, and evaluation of the education.
* Interfere with the presentation of the education.
* Be a condition of the provision of financial or in-kind support from ineligible companies for the education.

Commercial/promotional materials **may not be** displayed or distributed in the same room immediately before, during, or immediately after the CME activity.

Representatives of commercial supporters and exhibitors may attend the CME activity if they wish but may not engage in sales activity in the room where the educational activity is held.

In order to meet requirements of the Standards and to maximize benefits to you as an exhibitor, we have made the following arrangements for exhibitors at our conference:

Exhibits will be placed in <<room/area of hotel, etc.>> which is <<next door; adjacent to, etc.>> the educational activity. Exhibits may be displayed between the <<start time – end time>>.

To encourage participants to visit the exhibits, refreshment breaks will be placed in the exhibit area and all exhibitors will be listed in the conference brochure and/or final syllabus.

We appreciate your support and would welcome your comments and suggestions regarding our exhibit arrangements.

Sincerely,

<<Your full name>>

<<Your professional title>>

<<Your organization>>

**<<Title of activity>>**

**<<Date of activity>>**

**<<Location>>**

**<<Start time – end time>>**

**Speaker(s):** <<Speaker names(s)>>

**Target audience:** <<Target audience>>

Upon completion of this activity, participants should be able to:

<<Measurable learning objectives>>

**Accreditation Statement:**

For directly provided activities:

The <<name of the accredited provider>> is accredited by the Texas Medical Association to provide continuing medical education for physicians.

OR

For jointly provided activities:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of <<name of accredited provider>> and <<name of non-accredited provider(s)>>. The <<name of accredited provider>> is accredited by TMA to provide continuing medical education for physicians.

**AMA Credit Designation Statement:**

The <<name of accredited CME provider>> designates this <<learning format>> for a maximum of <<number of credits>> *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Medical Ethics and/or Profession Responsibility Credit Statement (if applicable)

Pain Management and the Prescription of Opioids Statement (if applicable

**EXAMPLES OF COMMUNICATING DISCLOSURE TO LEARNERS**

Select the appropriate sample language below to provide disclosure to learners. These examples show what to include in your mechanism. Disclosure must be provided to learners **before** engaging with the accredited education.

**What gets disclosed to learners before the education?**

**If there ARE relevant financial relationships:**

*Disclose name(s) of the individuals, name of the ineligible company(ies) with which they have a relevant financial relationship(s), the nature of the relationship(s), and a statement that all relevant financial relationships have been mitigated.*

**If there are NO relevant financial relationships:**

*Inform learners that planners, faculty, and others in control of content (either individually or as a group) have no relevant financial relationships with ineligible companies.*

**EXAMPLES:**

**EXAMPLES:**

*“Dr. Xin Lee, faculty for this educational event, has no relevant financial relationship(s) with ineligible companies to disclose.”*

*Nicolas Garcia, faculty for this educational event, is on the speakers’ bureau for XYZ Device Company.*

*Dr. Yvonne Gbeho, planner for this educational event, has received a research grant from ABC Pharmaceuticals.*

*All of the relevant financial relationships listed for these individuals have been mitigated.*

*We gratefully acknowledge the animal tissue provided by Zebra Labs.*

*We gratefully acknowledge the educational grant provided by ABC Medical Supply and XYZ Medical Equipment.*

**If commercial support (monetary or in-kind) is received from an ineligible company:**

*Disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure to learners must not include ineligible companies’ corporate or product logos, trade names, or product group messages.*

*\*\*This does not include exhibitors\*\**

**EXAMPLES (in-kind):**

**EXAMPLES (monetary):**

*“None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.”*

*“Ruth Hopkins, Dr. Maryam Elbaz, and Ken Sanders, authors of this educational activity, have no relevant financial relationship(s) with ineligible companies to disclose.”*

**Verbal Disclosure to Learners**

**Speaker Introduction and Disclosure to Learners**

**Title of Activity/Conference:**

**Date(s) of Activity/Conference:**

Good <<Morning/Good Evening>>. It is my pleasure to welcome you to this CME activity on <<title of activity>>.

This <<morning/evening>>, I am pleased to introduce our speaker, <<name of speaker>>. <<Name of speaker>> is from <<institution/city>> where he/she serves as <<title>>. He/she <<bio & credentials information>>.

In compliance with the Standards for Integrity and Independence in Accredited Continuing Education, I would like to disclose the following information:

**If the speaker/author/moderator/planner/etc. has something to disclose:**

<<Insert appropriate language from pg.14>>

All relevant financial relationships have been mitigated.

**If the speaker/author/moderator/planner/etc. has nothing to disclose:**

<<Insert appropriate language from pg. 14>>

**If the activity is receiving commercial support:**

<<Insert appropriate language from pg. 14>>

**Documentation of** **Verbal Disclosure to Learners** — **Attestation by a representative of the provider:**

I attest that the above information was provided to learners in this activity.

**Signature:**

**Date:**

(Must be within one month of activity)

**Activity Evaluation**

<<Title of Activity or Name of Conference>>

<<Date of Activity/Conference>>

**Instructions:** Thank you for participating in this CME activity. Your feedback is important for assessing the effectiveness of this educational activity and for planning future activities. Please take a few minutes to complete this evaluation form.

<< At a minimum, your activity should measure a change in competence. The question below measures a change in competence. Feel free to insert additional evaluation questions as needed. You can either use your own questions or choose from the sample bank of questions provided on pages 17-18. >>

Do you plan to make any changes to your practice as a result of attending this activity/conference?

Yes, please describe 1-2 changes your plan to make:

No, select why:

Not applicable to my practice

I have already implemented these skills/processes in my practice

Other:

**Sample Evaluation Questions**

**Which learner category do you belong to:**

Physician (includes residents)

Non-physician

**General/Organization/Administration Information**

Please rate the overall organization and presentation of the activity.

Excellent

Very Good

Good

Fair

Poor

How satisfied were you with the timing and pacing of the activity?

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

Overall, how would you rate this CME Activity?

Excellent

Very Good

Good

Fair

Poor

Please rate the overall organization and logistics of the conference.

Excellent

Very Good

Good

Fair

Poor

How satisfied were you with the venue facilities? (e.g., seating, lighting, temperature, etc.)

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

Rate the registration process for the conference.

Excellent

Very Good

Good

Fair

Poor

How would you rate the communication before, during, and after the conference?

Excellent

Very Good

Good

Fair

Poor

Overall, how would you rate your experience at the conference?

Excellent

Very Good

Good

Fair

Poor

Please provide any additional comments, suggestions for improving future conferences, and/or topics you would like to see covered:

**Content and Learning Objectives**

To what extent were the learning objectives clearly defined and achieved?

Full Achieved

Mostly Achieved

Partially Achieved

Not Achieved

Rate the relevance of the content to your practice or professional development needs.

Highly Relevant

Relevant

Somewhat Relevant

Not Relevant

Rate the relevance of the topics covered during the conference.

Highly Relevant

Relevant

Somewhat Relevant

Not Relevant

**Presenter(s) and Delivery**

Please rate the following aspects of the individual speakers:

**<<Speaker 1>>:**

Knowledge of Subject Matter:  Excellent  Very Good  Good  Fair  Poor

Clarity of Presentation:  Excellent  Very Good  Good  Fair  Poor

Engagement with Audience:  Excellent  Very Good  Good  Fair  Poor

**<<Speaker 2>>:**

Knowledge of Subject Matter:  Excellent  Very Good  Good  Fair  Poor

Clarity of Presentation:  Excellent  Very Good  Good  Fair  Poor

Engagement with Audience:  Excellent  Very Good  Good  Fair  Poor

*[Add more sections as needed for additional speakers]*

How would you rate the quality of the speakers and presenters overall?

Excellent

Very Good

Good

Fair

Poor

**Learning Experience**

Did the conference provide adequate opportunities for networking and interaction with other attendees?

Yes, plenty of opportunities

Yes, but could have been improved

No, not enough opportunities

How would you rate the variety and usefulness of the learning formats (e.g., lectures, workshops, panel discussions)?

Excellent

Very Good

Good

Fair

Poor

**Income Statement**

**Title of Activity:**

**Date(s) of Activity:**

List the amount of income received for each item listed below. If none was received for an item, type “0”.

|  |  |
| --- | --- |
| **Revenue Description** | **Amount** |
| **Advertising and Exhibits**  *Advertising and exhibits are opportunities for promotion (like advertising space, exhibit booths, etc.) and not continuing medical education. Therefore, monies paid by ineligible companies to providers for these promotional opportunities are not considered to be commercial support and should be reported as advertising and exhibit income.* |  |
| **Registration Fees** |  |
| **Government monetary grants**  *This includes monetary grants received from federal, state, or local governmental agencies in support of your activity* |  |
| **Private monetary donations**  *This includes monetary donations received from the private sector, including foundations, in support of your activity. Commercial support is not considered to be a private monetary donation.* |  |

**\*\*Only complete the two tables below if the activity was COMMERCIALLY SUPPORTED\*\***

List the names of the commercial supporters of this activity and the $ value of any monetary commercial support and/or indicate type of in-kind support (durable equipment, facilities/space, disposable supplies (non-biological), animal parts or tissue, human parts, or tissue, etc.) *If you need additional rows – right click on the last row in the table, select Insert, then select Insert Rows Below.*

|  |  |  |
| --- | --- | --- |
| **Name of commercial supporter** | **Amount of monetary commercial support** | **In-kind** |
|  |  |  |
|  |  |  |
|  |  |  |

List the monetary amount of commercial support used for the expenses listed below. If none was used for the expense, type “0”. You can list expenses not included, under “Other”.

|  |  |
| --- | --- |
| **Expenses** | **Amount** |
| Speaker Honoraria |  |
| Speaker Travel |  |
| Food |  |
| Audiovisual |  |
| Hotel/Facility |  |
| Supplies |  |
| Postage |  |
| Printing |  |
| Joint Providership Fee |  |
| Other: |  |

**Individuals in Control of Content**

**Title of Activity/Conference:**

**Date(s) of Activity/Conference:**

|  |
| --- |
| For everyone in control of content, list in the appropriate column:  **► (1)** the name of the individual  **► (2)** the individual’s role(s) (e.g., faculty, author, moderator, panelist, patient, planner, reviewer, and/or other roles in control of educational content) in the activity. PLEASE NOTE: If your CME Committee reviews and approves activities, the members should be listed as individuals in control of content.  **►** **(3)** the name of the ACCME-defined ineligible company(ies) with which the individual has a relevant financial relationship or if the individual has no relevant financial relationship(s), write N/A  **►** **(4)** the nature of that relationship(s), or N/A if no relevant financial relationships  **►** **(5)** the mechanism(s) implemented to mitigate all relevant financial relationships appropriate to the role(s) of the individuals in the activity, or N/A if no relevant financial relationships. Please be descriptive in your mechanisms. (i.e., if peer reviewed, include the name of the reviewer; if an exception was met, list the exception, etc.)  **For an RSS**, list individuals for the series, not for a single session or a sampling of sessions.  If you need additional rows — right click on the last row in the table, select **Insert**, then select **Insert Rows Below**.  Here is an example illustrating how to complete the table with the necessary information.  A close-up of a document  Description automatically generated |

| **(1)**  **Name of individual** | **(2)**  **Individual’s role(s)** | **(3)**  **Name of ineligible company(ies)** | **(4)**  **Nature of relationship(s)** | **(5)**  **Mechanism(s) implemented to mitigate relevant financial relationship(s) appropriate to role(s) in activity** |
| --- | --- | --- | --- | --- |
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