



The Institute for International Medicine is accredited by the Missouri State Medical Association to provide Continuing Medical Education for physicians.

Guide to Continuing Medical Education Compliance:

Stand Alone Activity

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GUIDE TO CONTINUING MEDICAL EDUCATION COMPLIANCE STAND ALONE ACTIVITY

This overview is intended to inform Activity Coordinators regarding INMED policies and procedures for Stand Alone Activities such as Conferences, Symposiums, or Courses. These policies and procedures ensure INMED meets all guidelines and standards set forth by our governing bodies. This overview is intended to help summarize and reinforce the agreement between INMED and the joint-provider, the formal agreement on file will supersede any items noted/un-noted in this overview.

The following Continuing Medical Education information must be submitted to INMED for each Stand-Alone Activity ("Activity").

A. Establishing an Activity

There are two key items to establish an activity for Accreditation: 1). an Activity Development Guide and 2) a Disclosure from each Planning Committee Member and Speaker.

1. Activity Development Guide

The Activity Development Guide (ADG) establishes the activity in INMED's system and is the first document reviewed for formal approval for the CME event. This form requests basic contact information for the Medical Activity Director and Activity Coordinator (admin support for activity), along with Planning Committee contact information, global objectives, and other reporting informational needs. The Activity Development Guide is the reference document used throughout the planning of your activity.

2. Disclosures from Planning Committee Members and Speakers

A disclosure must be on file for all people in a position to influence the activity (including but not limited to the Activity Medical Director, Activity Coordinator, Moderator, Planning Committee Members, and Presenter/Speaker. There must be at least two Physicians on the Planning Committee. INMED requires disclosures to be updated every twelve months or if a person's financial relationship(s) with ineligible companies changes prior to the event date and after the submission of the disclosure.

Activity Approval

Once all disclosures have been collected and INMED's Review Committee has approved the ADG, the activity will be formally established.

B. Documentation Needed for Final Accreditation Approval

The below materials must be submitted at least 2 weeks *prior* to the activity

1. Presentation from each presenter to be reviewed
 - a. Each presentation must include a disclosure slide with the following information:
 - i. The names of the individuals with relevant financial relationships.
 - ii. The names of the ineligible companies with which they have relationships.
 - iii. The nature of the relationships.
 - iv. A statement that all relevant financial relationships have been mitigated.
2. Two to three (2-3) Learning Objectives from each presenter
3. Presenter disclosures and CVs should already be on file with INMED.

NOTE: If the slide presentation is too large to transfer via email, please submit directly to INMED using [SendThisFile](#) (password inmedce).

C. Staying Compliant with Activity Announcements/Agendas

1. INMED must approve all marketing materials *prior* to distribution to ensure they meet compliance standards set by our governing bodies. The AMA Credit Designation Statement must be used in both Activity Announcements* and any Program Materials, in both print and electronic formats (e.g., a course syllabus, enduring material publication, landing page of an internet activity), that reference CE credit, and any document that references the number of credits for which the activity has been designated.

**Activity Announcements include all materials, in both print and electronic formats, that are designed to build awareness of the activity's educational content among the target physician audience. The complete AMA Credit Designation Statement must always be used on any document or publication that references the number of AMA PRA Category 1 Credits™ designated for the activity.*

2. A "Save the Date" Announcement (such as a card mailer with limited space) may indicate that the Activity has been approved for *AMA PRA Category 1 Credit™* without stating an exact number of credits if the accredited CME provider has already certified the Activity. This announcement may read, "This activity has been approved for *AMA PRA Category 1 Credit™*" or similar language. Please never indicate that "*AMA PRA Category 1 Credit™* has been applied for", is pending, or any similar wording.
3. The following accreditation statement must be included in all Activity Announcements and Program Materials (as described above). Please note, "*AMA PRA Category 1 Credit™*" is trademarked and needs to be italicized as shown below to meet ACCME guidelines.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Missouri State Medical Association through the joint providership of Institute for International Medicine (INMED) and <insert host organization name>. The Institute for International Medicine is accredited by the Missouri State Medical Association to provide continuing medical education for physicians.

Institute for International Medicine designates this <insert activity type> activity for a maximum of <##.##> *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

D. Online Evaluation and Credit Claim Form

1. INMED will develop an online Evaluation and Credit Claim Form for learners to claim credit, and INMED will provide a link for this form to the Activity Coordinator prior to the activity. Upon request, INMED can provide instructions for claiming credit.
2. INMED grants a 4-week credit claim period prior to closing the form. It is the responsibility of the host organization to ensure learners understand this form must be completed in the 4-week period to receive credit for the activity. As a courtesy, INMED can schedule and send a reminder to all learners to complete the credit claim form if an excel spreadsheet with learner/registrant emails is provided.

E. Learner Certificates/Transcripts

1. INMED provides Continuing Medical Education for Physicians only. However, non-physician learners will receive a Certification of Completion that notes the amount of *AMA PRA Category 1 Credit(s)*[™] that were provided, but this is an attendance record only. To receive the Certificate of Completion, non-physician attendees must complete the Evaluation and Credit Claim form.
2. An email will be sent to each learner who completes the evaluation with instructions for downloading transcript/certificate or Certificate of Completion within 7-10 business days of the learner completing the evaluation.
3. Certificate and Transcript information for Physician Learners are kept on file at INMED for 7 years.

F. General Accreditation and Miscellaneous Information

1. Commercial Support

The Activity Coordinator must inform INMED of any commercial support received (financial, in-kind grants, or donations) from any ineligible company (such as a pharmaceutical or medical device manufacturer). Additionally, INMED must receive a Letter of Agreement from the ineligible company prior to the activity, and INMED must sign any agreements between the host organization and the ineligible company.

INMED does not require documentation for exhibit booths since it is considered an exchange of goods/services.

2. Income/Expense Report

INMED must receive an Income/Expense report from the Activity Coordinator within 4 weeks after the activity.

Statement Of Understanding: by signing below, I agree that I have read and understand the Guide to Compliance, and I will work together with INMED to ensure the fulfillment of the policies and procedures contained herein. I further attest that I will cooperate with INMED to ensure any activity I oversee follows the accreditation policies and procedures of the Missouri State Medical Association.

Activity Coordinator Electronic Signature

Date

Name of activity(ies) you oversee

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