



Overview of the Pre-Application for NMMS Accreditation

Thank you for requesting an NMMS Pre-Application. The NMMS looks forward to supporting your efforts to become an NMMS-accredited continuing medical education provider.

The next step is your organization's submission of a **Pre-Application for NMMS Accreditation** ("Pre-Application") and a nonrefundable pre-application fee (current fees can be reviewed online [here](#).) To complete the pre-application, you need to include narrative description and attachments. Submit the pre-application electronically via email as a single, bookmarked PDF format file to mdavis@nmms.org.

The purpose of the pre-application is to determine if your organization understands and addresses the NMMS accreditation requirements. We ask that you demonstrate that you have mechanisms already in place to fulfill the NMMS's accreditation requirements in the CME activities that you are producing, or have produced, and to attach examples to verify your description. This verification must come from an activity that has occurred within the 24 months that precede the date of this pre-application submission.

Once your organization has submitted its pre-application and fee, the NMMS will review the materials to determine your organization's eligibility and to verify that mechanisms are in place for your organization to meet NMMS requirements. The materials are not reviewed for compliance with NMMS expectations. The NMMS determines compliance during the initial accreditation process based on three data sources: the self-study report, performance-in-practice review, and accreditation interview. Therefore, if the NMMS approves your pre-application, it is not a guarantee that your organization will receive Provisional Accreditation. The NMMS will notify your organization whether or not it is eligible to continue with the Provisional Accreditation process in writing, within four weeks of receipt of your pre-application.

As you engage in the pre-application process, the NMMS encourages you to take advantage of learning opportunities available to you. There is important information regarding NMMS accreditation available on the NMMS's Web site: www.nmms.org. We expect that you will familiarize yourself with all the information for "First Time Applicants." The NMMS offers a range of face-to-face and online resources to support accreditation applicants, including FAQs.

Please be aware that, historically, 50% of initial applicants are not successful in achieving Provisional Accreditation because even one finding of Noncompliance with the Accreditation Criteria (1, 2, 3, and 7–12) leads to a status of Nonaccreditation.

About the NMMS Pre-Application Form

This document is a protected Microsoft Word® Form. You can move from fill field to fill field using Enter or Tab. Make sure you save the document as you go along so you do not lose your work. The document uses:

- **Text fields** where you are limited to 500 words (except for contact information where you are limited to one line); and
- **Check boxes** where an X will be inserted when you select that box. Please be sure that only the boxes you mean to select are selected.

Submitting the Pre-Application and Fee to the NMMS

When you have completed the pre-application, please prepare a single, bookmarked PDF format file of the pre-application form and all required attachments.

- Send the pre-application and attachments in bookmarked PDF format via email to mdavis@nmms.org
- Send your nonrefundable fee payment to **NMMS CME**, 316 Osuna NE #501, Albuquerque, NM 87107

A pre-application will not be reviewed until payment has been received. The NMMS reviews pre-applications regularly and will notify your organization once a decision has been made regarding your eligibility. The fee is not returned if the Pre-Application is incomplete or if the NMMS determines that your organization is not eligible for accreditation at this time.

Pre-Application for NMMS Accreditation

Name of organization as it should appear on NMMS documents: Enter organization name here

Date of pre-application submission to NMMS: Enter date here

Section I – ORGANIZATIONAL INFORMATION & ATTACHMENTS

- A. Attach your **Request for an NMMS Pre-Application** form. You received this via email when your request was submitted. Label and bookmark this "Attachment 1 – Request for Pre-App."

- B. Describe a brief history of your organization. When was your organization created? What does your organization do? Who are your customers?
Describe organization here (500 words maximum)

- C. If your organization has IRS 501c status, attach a copy of its IRS notification letter. Label and bookmark this "Attachment 2 – IRS Letter."

- D. Learner Geographic Distribution: Check option 1 or 2.
 - 1. My organization is a state medical society, LCME-accredited school of medicine, national physician membership organization, or national medical specialty society. **Proceed to E.**
 - or
 - 2. My organization is an "Other National Organization," (as defined on your Request for Pre-Application). You must show that your program of CME serves physician learners, more than 30% of whom are from beyond the state and contiguous states in which you are located. Provide data from the last two years (or less if you have not been producing CME that long) to verify that the geographic distribution of your physician learners is consistent with this requirement.

The following data represents physician enrollment from (mo/yr) ____/____ through (mo/yr) ____/____.

	Number	Percent
Physician learners from state in which applicant is located and contiguous states		
Physician learners from other states		

Note: To be eligible for NMMS accreditation, you must operate the business and management policies and procedures of its CME program (as it relates to human resources, financial affairs, and legal obligations), so that your obligations and commitments are met. The following items ask for information to substantiate that this framework is in place.

- E. Is your organization an employer of staff? Yes or No
If yes, attach the table of contents from your organization's human resources and financial policies or procedures manual. If your organization does not have a policies or procedures manual, attach materials to demonstrate that the human resource, financial affairs, and legal obligations and

commitments are met (for example, organization's bylaws or membership guidelines). Label and bookmark this "Attachment 3 –Policies and Procedures."

- F. Attach an organizational chart that shows the structure and staff reporting 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. Label and bookmark this "Attachment 4 – Organizational Structure."
- G. If your CME program has annual audited financial statements, attach a copy of these statements for the past year, **or**, if your CME program does not have annual audited financial statements, attach an income and expense statement for your CME Program for the past year. Label and bookmark this "Attachment 5 – Financial Statement."

Section II – INDEPENDENCE FROM NMMS-DEFINED COMMERCIAL INTERESTS

- H. The NMMS defines a commercial interest as *any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients*. A commercial interest is not eligible for accreditation. Answer yes or no to the following questions.
 - 1. Does your organization, or a part of your organization, produce, market, re-sell, or distribute health care goods or services consumed by or used on patients? Yes or No
 - 2. Does your organization have a parent company that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients? Yes or No
 - 3. Does your organization have a sister company that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients? Yes or No
 - 4. Does your organization advocate for an NMMS-defined commercial interest? Yes or No
 - 5. Does your organization have a parent company that advocates for an NMMS-defined commercial interest? Yes or No
 - 6. Does your organization have a sister company that advocates for an NMMS-defined commercial interest? Yes or No

If you answered yes to any of Questions 1 through 6 in "H" above, describe the organizational and procedural safeguards that are in place to ensure that the CME entity is separate from any commercial interest within the larger corporate structure of your organization. Attach an organizational chart to depict these safeguards. Label and bookmark this "Attachment 6 – Independence."

Section III – EDUCATIONAL CONTENT

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

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

An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for NMMS accreditation.

- I. Describe the nature and scope of the content that you offer or plan to offer through your CME activities.
Describe here (500 words maximum)
- J. Accredited providers must demonstrate that all of the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. Briefly describe what documentation you plan to provide to support this statement.
Describe here (500 words maximum)
- K. Accredited providers must demonstrate that all scientific research referred to, reported, or used in their CME activities in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection and analysis. Briefly describe what documentation you plan to provide to support this statement.
Describe here (500 words maximum)

Section IV - MECHANISMS TO SUPPORT COMPLIANCE WITH NMMS REQUIREMENTS

- L. Attach your CME mission statement. Make clear to the reader the expected results of the program, articulated in terms of changes in competence, performance, or patient outcomes. Label and bookmark this "Attachment 7 – Mission Statement." **[Criterion 1]**
- M. Describe how you incorporate into your CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of your own learners. Include a description of (1) *how you identify the professional practice gaps*, (2) *how the need(s) that you identify are based on those gaps*; (3) *how the need(s) are articulated in terms of knowledge, competence, or performance*; and (4) *how you incorporate these needs into activities or a set of activities.* **[Criterion 2]**
Describe here (500 words maximum)
- N. How are your activities or educational interventions designed to change either physician competence, or performance, or patient outcomes? **[Criterion 3]**
Describe here (500 words maximum)

- O. Using an example from an activity you have planned or conducted, provide an example which shows (1) the professional practice gap that you are addressing, (2) the educational need that you determined was underlying the gap for your learners, and (3) what competence, performance, or patient outcome the activity was designed to change. Label and bookmark this “Attachment 8 – Activity Planning Example.” **[Criterion 2 & 3]**
- P. Describe the practices that you have in place that demonstrate your organization’s CME planning process is independent or free of the control or a commercial interest. **[Criterion 7 (SCS1)]**
Describe here (500 words maximum)
- Q. Describe the mechanism that you use to **identify** conflicts of interest for everyone in a position to control educational content (i.e., teachers, authors, planners, reviewers, and others who controlled content) prior to delivery of the educational activity. **[Criterion 7 (SCS2)]**
Describe here (500 words maximum)
- R. Show the mechanism your organization uses to identify relevant financial relationships. This may be your disclosure form, if you use one, or other communications. Your process must a) be inclusive of all the elements of the NMMS definition of a commercial interest, specifically that a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients; and b) capture the financial relationships of a spouse or partner. Label and bookmark this “Attachment 9 – Process to Identify Conflicts of Interest.” **[Criterion 7 (SCS 2.1)]**
- S. Describe the mechanism that has been implemented to **resolve** conflicts of interest for everyone in a position to control educational content (i.e., teachers, authors, planners, reviewers, and others who controlled content) prior to delivery of the educational activity. **[Criterion 7 (SCS2)]**
Describe here (500 words maximum)
- T. Describe the information that you plan to provide to the NMMS during the accreditation process as your verification that learners have been provided with complete disclosure information regarding: (1) relevant financial relationships of everyone in a position to control the content of your CME or statements that there is nothing to disclose; and (2) commercial support for the CME activity. **[Criterion 7 (SCS6)]**
Describe here (500 words maximum)
- U. Using an example from an activity you have planned or conducted, provide an example which shows (1) how you transmitted information about the presence or absence of **relevant financial relationships** to learners and, (2) if applicable, how you have disclosed the source of **commercial support** for the CME activity to learners in practice. Label and bookmark this “Attachment 10 – Disclosure to Learners.” **[Criterion 7 (SCS6)]**
- V. Describe your process (es) for the receipt and disbursement of commercial support, both funds and in-kind support (if applicable). **[Criterion 8 (SCS 3)]**
Describe here (500 words maximum)
- W. Attach one completed Written Agreement (signed by both parties as outlined in SCS 3.6) that demonstrates appropriate management of commercial support (if applicable). Note: SCS3.6 requires that both the commercial supporter and the provider sign the written agreement between the

commercial supporter and the provider. Label and bookmark this "Attachment 11 – Signed Written Agreement." **[Criterion 8 (SCS 3)]**

- X. What process (es) do you use to analyze the changes in your learners' competence, OR performance, OR patient outcomes related to your program's activities or educational interventions? **[Criterion 11]**
Describe here (500 words maximum)
- Y. How do you determine the degree to which the expected results of your CME program as articulated in your CME Mission has been met as a result of your CME activities or educational interventions? **[Criterion 12]**
Describe here (500 words maximum)
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Section V –Attestation

Before the NMMS will move forward with the accreditation process for your organization, your intentions, understanding, and commitment to abide by NMMS’s expectations must be confirmed. Please read carefully each of the following confirmation statements and use an X as your attestation.

We understand and attest that our organization must plan, implement, and evaluate at least two CME activities within the 24-month period prior to the initial NMMS accreditation survey interview.

We understand and attest that our organization’s activities adhere to the NMMS definition of CME found at www.nmms.org

We understand and attest that our organization adheres to the NMMS content validation policy found at www.nmms.org

We understand and attest that by virtue of submitting a self-study report for accreditation and paying the accreditation fee to the NMMS our organization agrees to follow all relevant NMMS policies and procedures as specified by the NMMS [here](#).

We understand and attest that NMMS policies and procedures prohibit the provider from submitting to the NMMS, either with the completed self-study report or in any other material, any individually identifiable health information.

We attest that all the materials submitted to the NMMS in any format will not contain any untrue statements, will not omit any necessary material facts, will not be misleading, will fairly present the organization, and are the property of the organization applying for accreditation.

Please sign below.

Organization Name: Enter Organization Name here

Name of CEO: Enter CEO Name here

Signature of CEO: CEO Signature here

Date: Enter Date here

Name of Primary CME Contact: Enter Primary Contact Name here

Signature of Primary CME Contact: Primary Contact Signature here

Date: Enter Date here