



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. 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)
- B. If your organization has IRS 501c status, attach a copy of its IRS notification letter. Label and bookmark this “Attachment 2 – IRS Letter.”
- C. Learner Geographic Distribution: Check option 1 or 2.
1. My organization plans to provide CME for medical clinicians (primarily for 70% or more) in the state of New Mexico.
 - or
 2. My organization plans to provide CME for medical clinicians in New Mexico (less than 70%) and in other states (more than 30%).

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

| | Number | Percent |
|---|--------|---------|
| Physician learners in New Mexico and in contiguous states | | |
| Physician learners from non-contiguous 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.

- D. 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.”
- E. 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."

- F. 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 INELIGIBLE COMPANIES

- G. The NMMS defines an ineligible company as one whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. An ineligible company 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 products consumed used by or on patients? Yes or No
 2. Does your organization have a parent company that produces, markets, re-sells, or distributes health care products consumed used by or on patients? Yes or No
 3. Does your organization have a sister company that produces, markets, re-sells, or distributes health care products consumed used by or on patients? Yes or No
 4. Does your organization advocate for an NMMS-defined ineligible company? Yes or No
 5. Does your organization have a parent company that advocates for an NMMS-defined ineligible company? Yes or No
 6. Does your organization have a sister company that advocates for an NMMS-defined ineligible company? 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 ineligible company 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 CONTEN

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.

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

Describe here (500 words maximum)

- I. Accredited provide 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)

- J. 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 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 one CME activity within the 12-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 on the ACCME website and reads: *Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.*

We understand and attest that our organization adheres to the ACCME’s *Standards for Integrity and Independence, Standard #1, Ensure Content is Valid*. These Standards can also be located in the *Performance-in-Practice Structured Abstract of Initial Accreditation* or in the *Self-Study Report Outline for Initial Accreditation*

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 in the *NMMS Policy and Procedure Manual* located on the NMMS website at <https://www.nmms.org/cme-provider-materials/>.

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:

Name of CEO:

Signature of CEO:

Date:

Name of Primary CME Contact:

Signature of Primary CME Contact:

Date: