



Nevada State Medical Association Accreditation Policy Compendium

Accreditation Policy Compendium Index

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1986-01 Statement on Educational Credit:

The Nevada State Medical Association (NSMA) conducts a program for the accreditation of institutions and organizations offering continuing medical education, but does not conduct a program for the recognition of the continuing educational accomplishments of the individual physician. Such credentialing and qualifying activities are conducted by the many organizations and agencies which, for example, have award programs recognizing the completing of a variety of continuing medical education experiences; mandatory continuing medical education requirements for membership, re-registration of the physician's license to practice, or recertification by specialty boards.

It is important to note that institutions and organizations are not accredited by the NSMA for the purpose of granting categorical credit, and that the requirements for such credit are maintained by the credentialing and qualifying bodies themselves. Accreditation by the NSMA does not carry with it the authorization for the institution or organization to certify credit as meeting the requirements of the credentialing and qualifying bodies. The authority of an institution or organization to certify such credit is granted by the credentialing/qualifying body in accordance with its own rules and regulations. Since different credentialing agencies have varying requirements, directors of continuing medical education, and physician participants in education programs, should be aware of the requirements of the particular credentialing or qualifying agency for which credit is being earned. The director of continuing medical education should plan to keep such records of physician attendance as may be necessary to satisfy the needs of the individual physician participant.

1986-02 The ACCME, in an attempt to foster continuing medical education of high quality at reasonable cost, available to all physicians in the United States, specifies the following criteria of eligibility for accreditation: Institutions and organizations which are surveyed and accredited directly by the ACCME are generally defined as follows: state medical societies, schools of medicine, and other institutions and organizations providing continuing medical education activities on a regular and recurring basis and serving registrants, more than 30% of whom are from beyond bordering states.

Institutions and organizations not eligible for accreditation directly by the ACCME should seek accreditation from the state medical society in the state in which they have their headquarters or in which they provide CME activities.

To be eligible for accreditation, a provider must offer a program of continuing professional education for physicians. An organization is not eligible to apply for accreditation if its program is devoted solely to advocacy of a modality of diagnosis or treatment which is not a subject for instruction in most medical schools whose programs of medical education are accredited by the Liaison Committee on Medical Education.

The NSMA reserves the right to make decisions on eligibility for accreditation.

1986-03 An organization is not eligible to apply for accreditation if, in the judgment of the NSMA, its program is devoted to advocacy of unscientific modalities of diagnosis or therapy.

1986-04 Where there is a question of eligibility for survey, the application will be referred to the NSMA Council which will consider it and make a recommendation to the NSMA which will then vote upon the eligibility of the applicant.

(amended 1/2000)

1986-05 The NSMA may re-evaluate an institution/organization at any time less than the period specified for resurvey if information is received from the institution/organization itself, or from other sources, which indicates it has undergone substantial changes and/or may no longer be in compliance with the Essential Areas, Elements and Policies.

1986-06 An NSMA reconsideration of an accreditation decision may occur when an organization feels that the evidence it presented to the NSMA justifies a different decision. Only decisions of Probation or Non-Accreditation will be reconsidered by NSMA. Only material which was considered at the time of the AC review may be reviewed upon reconsideration. During the reconsideration, the Nevada State Medical Association Executive Committee will review the provider's complete application before acting on the reconsideration. A reconsideration must occur no later than 60 days after the request for reconsideration is received.

(amended 8/1995)

1987-01 The Definition of Continuing Medical Education:

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.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however, are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME.

1987-02 An organization applying for survey at its initial CME activity should be advised that it is very difficult to demonstrate its ability to comply with the Essential Areas, Elements and Policies until after at least one event has been completed.

However, if the organization still wishes to proceed with an on-site survey during their first CME offering, the NSMA will comply. In order to complete the process, the organization must provide documentation of subsequent evaluation and of its use in planning future CME activities, before the AC will consider the application.

1988-01 All surveys will be conducted on-site.

- 1988-02 Types and Duration of Accreditation:
- PROVISIONAL ACCREDITATION (standard status for initial applicants)
 Two years is the period of Provisional Accreditation;
 One extension of up to two years may be given;
 Provisional Accreditation may also be given when an accredited organization's program is so altered that it is essentially a new program;
 An adverse decision at the end of Provisional Accreditation will result in Non-Accreditation; it cannot result in Probationary Accreditation.
- ACCREDITATION
 Maximum period of Accreditation is four years;
 Standard period of Accreditation is three years;
 Accreditation may be reinstated after a period of probation.
- PROBATIONARY ACCREDITATION
 May be given to an accredited program with serious deviation from the Essential Areas, Elements and Policies;
 May be for one or two years;
 May not be extended.
- NON-ACCREDITATION
 May be given after the initial survey;
 May be given after Provisional Accreditation;
 May be given after Probationary Accreditation of one or two years.
- Accreditation cannot be withdrawn without a period of Probationary Accreditation except in cases where there are compelling reasons to do otherwise.
- 1988-03 Three years should be the "standard" period of accreditation for programs that meet all of the Essential Areas, Elements and Policies and that four years' accreditation is reserved for programs which are truly exceptional.
- 1992-01 The effective date of accreditation is the date of action by the NSMA.
 (amended 1/2003)
- 1993-01 Replaced by: SCS 2.1, 6.1, 6.5
- 1993-02 Initial applicants who receive non-accreditation may not be reviewed again by the NSMA until one year from the date of the CME Accreditation meeting at which the decision was made.
- 1993-03 The NSMA regards the accreditation site visit as a voluntary, information seeking activity and does not consider it to be an adversarial process. Consequently, it does not permit attorneys to attend or participate as legal counsel for providers in site proceedings. If a provider disagrees with an adverse decision made by the NSMA regarding its accreditation status, it may follow the procedures for reconsideration and appeal. Legal counsel may participate in the appeal process
- 1994-01 A provider that is placed on probation should provide information to the NSMA on all existing joint sponsorship relationships. The provider must notify its current contracted

joint sponsors of its probationary status.

1994-02 Replaced by: SCS 4.5

1994-03 The NSMA will recognize the names of accredited providers (e.g., lists) as public information. Accumulated data that does not specifically identify individual providers may also be made public. Therefore, any data which specifically relates to an accredited provider will remain confidential.

(amended 10/1998)

1994-04 Definition of a Program of CME:

Accreditation is granted on the basis of the provider's demonstrated ability to plan and implement CME activities in accordance with the Essential Areas, Elements and Policies. The provider's overall program may include occasional CME activities that do not fully meet the standards for needs assessment, well-defined objectives, curricular design, and evaluation. These activities are part of the accredited provider's overall CME program as long as the Provider exercises responsibility for these activities through its recognized CME administrative unit. The organization should identify those activities within its overall program, which meet the Essential Areas, Elements and Policies.

1994-05 The accreditation statement must appear on all CME activity materials and brochures distributed by accredited institutions/organizations.

(Accreditation statement language has been revised/updated; please see action 99-02)

1994-06 Policy and procedure on dual accreditation:

A single provider of continuing medical education may not maintain accreditation by the ACCME and a state medical society at the same time. (It is recognized that short periods of overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.)

When a state medical society accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the respective state medical society, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by the state medical society, a similar procedure must be followed.

Annually, the ACCME will notify state medical societies of CME providers in their states which have been awarded accreditation by the ACCME.

(amended 10/1998)

1994-07 Replaced by: SCS 2, 6.1, 6.5

1994-08 Providers who choose to initiate joint sponsorship subsequent to the granting of full accreditation or reaccreditation, must notify the NSMA CMEAC of their intention to joint sponsor.

(amended 10/1998)

- 1995-01 Replaced by: SCS 4.2, 6.3-6.5, and Policy 2005-04
- 1996-01 The date for non-accreditation of a provider is six months from the date of the Commission's non-accreditation action. For more egregious cases, a shorter time frame may be assigned.
- The provider will be responsible for payment of all fees, including the Annual Fee, and submission of all required reports until the effective date of non-accreditation. Failure to do so will result in immediate non-accreditation.
- 1996-02 The Commission must be notified of voluntary withdrawals of accreditation. No rebates will be given for annual fees collected from providers requesting voluntary withdrawal, and feedback shall be sought concerning the reasons for withdrawal of accreditation which shall be reviewed by the Accreditation Commission.
- 1996-03 An accredited provider is required to retain activity files/records during the current accreditation or for the last twelve months, whichever is longer.
- 1996-04 The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the NSMA is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question.
- 1996-05 Initial applicants, during their period of provisional accreditation, may not act as joint sponsors of continuing medical education activities with non-accredited entities.
- 1996-06 In cases where two state medical society accredited providers merge to become a new entity (or consortium), the pre-application process will be omitted. There is a provision to waive the restriction on joint sponsorship in cases where the newly merged entity demonstrates the ability to provide such by demonstrating that: 1) previously presented joint sponsorship activities are available for review by the CMEAC; 2) the provider is, at the time of initial NSMA survey deemed to be in at least substantial compliance with NSMA's Joint Sponsorship Policies and Procedures; and 3) at least one of the pre-merger entities has been previously surveyed, and their ongoing joint sponsorship activities have been found to be in at least substantial compliance with NSMA's Joint Sponsorship Policies and Procedures.

(amended 10/1998)

- 1996-07 Principles for the review of newly non-accredited providers seeking provisional accreditation:
1. Standards will be neither raised nor lowered for this category of applicant.
 2. As for any applicant, uniform compliance with the Essential Areas, Elements and Policies is expected for all aspects of all activities under review. The CMEAC makes decisions based on the overall review of the program. However, the NSMA will only review material from the date of the last decision. Therefore, non-compliance expressed in an activity file or administrative review that occurred prior to the non-accreditation decision will not be held against the provider as this already resulted in non-accreditation.

1996-08 JOINT SPONSORSHIP:

Definition: Activity Planning and Presentation in Partnership with Non-Accredited Providers
Intent: The accredited provider shall accept responsibility that the NSMA's Accreditation Policies and Procedures are met when educational activities are planned and presented in joint sponsorship with non-accredited providers.

1. The accredited provider must be able to provide to the NSMA written documentation that demonstrates how each such jointly sponsored CME activity was planned and implemented in compliance with the NSMA's Accreditation Policies and Procedures. Material submitted can be from files of either the accredited provider or the non-accredited provider.
2. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.
3. If two or more accredited providers are involved in an activity, then one of them must assume responsibility for the activity and this must be clearly indicated through the appropriate accreditation statement.

For full text of the accreditation statements, see policy 99-02.

1997-02 Data from an accredited provider's "Annual Report(s)" and other interval monitoring instruments administered by the AC will be included in the materials provided to the NSMA' CMEAC accreditation review process for the consideration of that provider's application.

1997-03 Replaced by: SCS 4 and Policy 2005-03

1997-04 If a provider scheduled for re-accreditation review cannot meet the NSMA schedule for submission of application and site survey then the accreditation term may be extended once, by four months, in order to complete these steps in time for the next regular meeting of the Accreditation Commission.

The accreditation status of a provider will automatically revert to non-accreditation at the end of their accreditation term unless NSMA has taken action to extend their term of accreditation, or a new accreditation decision has been rendered by the AC.

1997-05 A provider may receive no more than two years accreditation immediately following probation.

1997-06 If a conflict of interest arises from a surveyor's participation in an accreditation survey, NSMA will disclose that information to the provider prior to the survey. The provider may request in writing that the surveyor be removed from the survey team. The rationale to substitute a surveyor due to a conflict of interest must be based solely on the relationship between the provider and the surveyor and cannot be based on discriminatory factors such as race, gender, age, or provider's opinions about the surveyor.

1997-07 Providers are required to submit payment of all applicable fees prior to the survey. Failure to do so will result in a three-month deferral of the decision by the CME Commission to accredit or reaccredit. If payment is not paid within the following three-

month period, the CME Commission will revoke the provider's accreditation status.

- 1998-01 In addition to all applicable NSMA requirements, providers of enduring materials must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:
Principal faculty and their credentials;
Medium or combination of media used;
Method of physician participation in the learning process;
Estimated time to complete the educational activity (same as number of designated credit hours);
- Dates of original release and most recent review or update.
Termination date (date after which enduring material is no longer certified for credit).
- 1998-02 An accredited provider will have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity.
- 1998-03 A provider, while on probation, may not act as a joint sponsor of continuing medical education activities with non-accredited entities, except for those activities that were contracted prior to the decision of probation.
- 1998-04 The "activity" in a journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.
- Educational content must be within the NSMA's definition of continuing medical education.
- The activity in a journal-based CME activity is not completed until the learner documents participation in that activity to the provider.
- In any journal-based CME activity, the learner should not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials.
- (Effective January 1, 1999)
- 1998-05 Site Surveyors will receive evaluation forms completed by the provider/ applicant, only after the Council has taken action on the provider's application for accreditation.
- 1998-06 The NSMA accepted the AMA's interpretation that the topic of "coding/reimbursement" fits within the definition of CME.
- 1998-07 A provider must appoint a physician to the Nevada State Medical Association CME Accreditation Commission.
- The physician must be a current member of the Nevada State Medical Association and must attend at least three of the four yearly meetings. Failure to attend the meetings will result in a request for an immediate replacement. If the replacement continues to miss the meetings, the provider's accreditation status will be in jeopardy.

- 1999-01 Replaced by: SCS 3.4, 3.5, 3.13
- 1999-02 Accreditation Statements:
- For Directly Sponsored Activities -- "The (name of the accredited provider) is accredited by the Nevada State Medical Association to provide continuing medical education for physicians."
- For Jointly Sponsored Activities -- "This activity has been planned and implemented in accordance with the Essential Areas and Policies of Nevada State Medical Association through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the NSMA to provide continuing medical education for physicians."
- (amended 7/2000)
- 1999-03 Replaced by: SCS 2.2, 6.2
- 1999-04 The accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included.
- 1999-05 Promotional materials for CME activities that are not directly related to the transfer of education to the learner may include advertising. Such promotional materials must contain information about multiple non-CME elements of the event such as schedules and course descriptions. Education materials that are part of the accredited activity such as slides and handouts cannot have any advertising.
- 2000-01 Statements of deficiencies or concerns made by the Accreditation Commission should be identified with the appropriate Essential Areas, Elements and Policies. Letters of notification sent to the providers should contain a statement reminding them that significant changes, i.e., change of director, should be reported.
- 2000-02 By December 15 of each year, an invoice in the amount of the current NSMA accreditation fee will be sent to each accredited provider. Payment in the full amount of the fee must be received by the NSMA by January 31 of the following year in order for the provider to maintain their accreditation status with NSMA. A monthly late fee equal to 10% of the amount owed will be charged on the first of each month following January 31 until the balance is paid in full.
- By December 15 of each year, each accredited provider will be sent for completion and submission an Annual Report or other interval monitoring data collection instrument, as designed by the NSMA. The completed instrument must be received by the NSMA by January 31 of the following year in order for the provider to maintain their accreditation status with NSMA.
- If payment of the annual accreditation fee and/or a completed NSMA data collection instrument is not received by NSMA by the second CMEAC meeting of the year, the NSMA CMEAC will take an action to change the accredited provider's accreditation status to probation. However, if payment and/or a completed NSMA collection

instrument is received before the third CMEAC meeting then the provider's accreditation status will revert back to its original status prior to the probation. If, at the third CMEAC meeting of the year, payment and/or a completed NSMA data collection instrument has not been received, the NSMA will take action to change the accredited provider's accreditation status to non-accreditation. The effective date of non-accreditation will be the same as the date of the non-accreditation action. Reversal of these actions can only be accomplished by submission of an application for re-accreditation.

2000-03

When the corporate structure of an accredited provider is altered by an acquisition, merger, or dissolution, action will be taken if the NSMA staff determines that the governing body to which the CME unit reports has either been merged or been newly created, and/or the sources of funds and budget approval have changed.

The action will be that a survey will be required within six months and will be limited to collecting evidence that: the accredited CME mission has been affirmed; and there is verification of continued fiscal adequacy and staffing appropriate to the mission.

If the evidence collected does in fact indicate that the CME mission has been affirmed and that there is continued fiscal adequacy and staffing then the results of the survey will be: a declaration of the new name of the accredited providers; and continued accreditation for the specified term.

However, if the results of the limited survey determine that there is not fiscal adequacy and/or that staffing is inappropriate or unknown, and/or a new mission statement has been developed then a full survey will be required.

2000-04

Replaced by The Definition of CME and Content Validation

2000-05

The NSMA will assess a 10% late fee of the total original amount owed for all applications for accreditation. These fees must be paid in order for a provider to receive NSMA consideration of an accreditation recommendation.

If payment of the original fee, the late fee and submission of the required documentation (application or progress report) are not received by the first NSMA meeting after the deadline, the NSMA will take action to change the accredited provider's accreditation to probation.

If, at the second NSMA meeting after the deadline, payment of the original fee, the late fee, and submission of the required documentation (application or progress report) has not been received, the NSMA will take action to change the accredited provider's accreditation to non-accreditation.

The effective date of non-accreditation/non-recognition will be the same as the date of the NSMA action. Reversal of these actions can only be accomplished by submission of a new application for accreditation or recognition.

(amended 7/2007)

2000-06

NSMA will require accredited providers to use the previously approved directly sponsored and jointly sponsored statements.

For directly sponsored activities: "The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical

education for physicians.”

For jointly sponsored activities: “This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.”

- 2000-07 Replaced by: SCS 3.10
- 2007-08 Replaced by: SCS 2.1, 6.1
- 2002-01 Accredited providers are required to review their enduring materials at least once every three (3) years, or more frequently if indicated by new scientific developments..
- 2002-02 CME activities delivered via the Internet are expected to be in compliance with NSMA Essential Areas, Elements, and Policies.
1. There shall be no CME activities of an NSMA accredited provider on a pharmaceutical or device manufacturers’ product website.
 2. With clear notification that the learner is leaving the educational website, links from the website of an NSMA accredited provider to pharmaceutical and device manufacturers’ product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.
 3. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
 4. The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.
 5. The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.
 6. The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.
 7. The accredited provider must be able to document that it owns the copyright for, or has received permission for the use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.
- 2002-03 Providers who receive probation at reaccreditation receive a one or two year term of accreditation. Failure to demonstrate compliance in all elements within that timeframe will result in non-accreditation.
- 2002-04 NSMA may publish and release to the public, including on the NSMA web site, names of CME providers accredited by NSMA. NSMA will maintain the following as confidential, except as required for NSMA accreditation or recognition purposes, or as may be required by legal process, or as otherwise authorized by the CME provider/accreditor to

which it relates:

1. Information acquired by NSMA from a provider/accreditor during the accreditation/recognition process for that CME provider/accreditor except for accumulated data that does not specifically identify individual CME providers/accreditors;
2. Correspondence and memoranda within NSMA relating to the accreditation/recognition process for a CME provider/accreditor;
3. Correspondence between NSMA and a CME provider/accreditor relating to the accreditation process for the CME provider/accreditation; and
4. NSMA proceedings relating to a CME provider/accreditor. (1-4 collectively, "Confidential Information")

In order to protect the Confidential Information, NSMA and its committee members and volunteers are required:

1. Not to make copies of, disclose, discuss, describe, distribute, or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any Confidential Information that the NSMA or its committee members receive or generate, or any part of it, except directly for NSMA accreditation or recognition purposes.
2. Not to use such Confidential Information for personal or professional benefit, or for any other reason, except directly for NSMA accreditation or recognition purposes.

2003-01

Evidence Based CME

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Provider are not eligible for NSMA accreditation or reaccreditation 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.

2004-01

Replaced by: SCS 6.1, 6.2, and Policy 2005-01

2004-02

A provider will be considered for four years of Accreditation if the provider meets all of the following criteria:

1. Receives at least three *Exemplary Compliance* findings and
2. At least two of the *Exemplary Compliance* findings are in some combination of Elements 2.1, 2.4, 2.5, or 3.1 and
3. All other Elements are in Compliance

- 2005-01 Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.
- 2005-02 Commercial exhibits and advertisements are promotional activities and not continuing medical education.
1. Monies paid by commercial interests to providers for this promotional opportunity are not considered to be 'commercial support' of CME.
 2. Accredited providers are expected to fulfill the requirements of SCS Standard 4 and to use sound fiscal and business practices with respect to the these exhibits.
- 2005-03 The acknowledgment of commercial support may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.
- 2006-01 Due to a possible conflict of interest, a provider representative shall leave the room when his/her hospital/organization is being discussed as part of their reaccreditation process. Said provider representative shall not be able to vote on their organization's reaccreditation.
- 2007-01 In order to be eligible for accreditation, the institution or organization must be located in Nevada.

- 2007-02 Beginning to participate in joint sponsorship represents a major change in the overall program of an accredited provider which must be reported to NSMA.
- 2007-03 Only those individuals who have been deemed eligible and trained as site surveyors will be assigned to conduct surveys.
- 2007-04 The Chairman of the CME Commission will act as a “counselor” to the site survey team when necessary.
- 2007-05 NSMA considers a finding of ‘Partial Compliance’ to be less than an acceptable standard for the continuing practice of CME by ACCME accredited providers. Subsequent to initial accreditation, providers must be able to demonstrate that they are improving their practice of CME in any areas found to be in less than ‘Compliance’. Subsequent to initial accreditation, failure to improve in areas found to be in less than ‘Compliance’ would be cause for a ‘Noncompliance’ finding in ACCME Element 2.5. A finding of ‘Noncompliance’ in Element 2.5 could be cause for a change in accreditation status.
- 2007-06 For the purposes of eligibility, NSMA considers the following types of organizations eligible for accreditation and free to control the content of CME:
- Physician member organizations
 - Hospitals
 - Healthcare delivery systems
 - Managed care companies
 - Group medical practices
 - Non-profit education organizations
- NSMA does not consider providers of clinical service directly to patients to be commercial interests.
- 2007-07 An accredited provider can fulfill the expectations of SCS 3.4-3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.
- 2007-08 A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the NSMA’s Elements, Policies and Standards.
- 2007-09 For CME activities in which the learner participates electronically (e.g., via Internet, CDROM, satellite broadcasts), all required NSMA information must be transmitted to the learner prior to the learner beginning the CME activity.
- 2007-10 Accredited providers may not place their CME activities on a website owned or controlled by a ‘commercial interest.’

- 2007-11 The NSMA considers information required to be communicated before an activity (e.g., disclosure information, disclosure of commercial support, objectives), CME content (e.g., articles, lectures, handouts, and slide copies), content-specific post-tests, and education evaluation all to be elements of a journal-based CME activity.
- 2007-12 A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
- 2007-13 All CME educational activities developed and presented by a provider accredited by the NSMA system and associated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all NSMA accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the NSMA accreditation process as verification of fulfillment of the NSMA accreditation requirements.