

# CME Activity Approval

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Paperwork, Changes, Expectations



# The Updated Webpage MMET Activity Downloads

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<https://www.mainemed.com/applying-cme-activity-approval-through-mmets>

To Navigate: [mainemed.com/home](https://www.mainemed.com/home) > CME & Education Info > Continuing Medical Education Information > MMET Activity Downloads

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## MMET Activity Downloads

Follow the instructions on this page to submit an activity for CME approval through the Maine Medical Education Trust. Note that **all** materials required for approval must be submitted before an activity can be approved. MMET will **not** approve CME after the activity has taken place.

Use the [CME Activity Application Checklist](#) to help make sure all the required materials have been submitted.

## Applying for CME Approval

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For Medical Professionals

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[CME Activities Search](#)

For CME Accredited Providers

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## CME Activity Application Checklist

Use this checklist to make sure you have included all the required pieces for the CME Activity Application Process.

### Activity Information

Activity:	
Dates:	

### Have the following been included in the Activity Application?

	<b>Payment</b>	Amount: Paid by:
	<b>CME Application</b>	
	<b>CVs/Resumes of Speakers</b>	
	<b>Financial Relationships Disclosure(s)</b> from ALL planners, faculty, and reviewers (anyone in control of content)	
	<b>Brochure/Announcement/Agenda</b> – with joint provider statement	
	<b>Mitigation Form</b> – <u>if mitigation is needed</u> for relevant financial relationships with ineligible companies	
	<b>Evaluation Form</b>	
	<b>Certificate of Completion</b> – with title, dates, credit statement, joint provider statement, indication of type of activity, number of CMEs	

### Keep in mind:

- You will need to report on the number of physicians and the number of other learners that attended the event. The sign-in sheet or other method of attendance record used, should have a way to collect credentials of the learners or otherwise distinguish between physicians and non-physicians.
- You will need to submit MMET Activity Monitoring Form(s) for each session. A planner or peer may

# CME Activity Application Checklist

For your use.  
Does not have to be turned in.



**Have the following been submitted after the event?**

	<b>Post-CME Activity Report</b> – includes number of physicians and other learners and financial information
	<b>Attendance Sheet(s)</b>
	<b>MMET Activity Monitoring Form</b>
	<b>Disclosure Evidence</b> – (e.g., slide, verbal record, sign-in sheet)
	<b>Evaluations/Evaluation Summary</b>
	<b>Commercial Support Tracker</b> <u>if there were monetary or in-kind grants</u> received

# CME Activity Application Checklist

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Requirements.

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# CME Activity Application

**MAINE MEDICAL  
EDUCATION TRUST**

## CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION FORM

*Additional fees and requirements apply to more than one activity type*

<b>What is the contact information for the planner?</b>	<b>Name:</b> <input type="text"/> <b>Email:</b> <input type="text"/>
<b>What is the title of the activity?</b>	<b>Title:</b> <input type="text"/>
<b>When will the education take place?</b>	<b>Date(s):</b> <input type="text"/>
<b>What type of activity is this?</b> Note: A regularly scheduled series is planned with multiple on-going sessions (e.g., offered weekly, monthly, quarterly) and generally targets the same audience over the whole series.	<b>Activity Type (check all that apply):</b> <input type="checkbox"/> Live In-Person Activity <input type="checkbox"/> Live Internet Activity <input type="checkbox"/> Offered multiple times with the <b>same</b> content <input type="checkbox"/> Regularly Scheduled Series <input type="checkbox"/> Enduring Material <input type="checkbox"/> MOC Offered
<b>Where will the education take place?</b> If this is a live activity, please include the address where it will take place.	<b>Location:</b> <input type="text"/>
<b>Who are the planners, faculty/presenters, and reviewers for this activity?</b> Please list all individuals who are in control of content for this activity.	<b>Planners, Faculty/Presenters, Reviewers:</b> <input type="text"/>



What are physicians/learners lacking? Think about best practices vs. actual practices.



# CME Activity Application

*Example: Physicians are not diagnosing fetal alcohol spectrum disorder (FASD).*

<p><b>Who are the planners, faculty/presenters, and reviewers for this activity?</b> Please list all individuals who are in control of content for this activity. Each individual listed should also complete and submit a Faculty Disclosure Form.</p>	<p><b>Planners, Faculty/Presenters, Reviewers:</b></p> <div style="border: 1px solid black; height: 40px;"></div>
<p><b>What practice-based problem (gap) will this education address?</b> Visit: <a href="#">Addressing Practice Gaps   ACCME</a> for more information. Examples of gaps: Improve care coordination, better communication with patients and families, new research is available</p>	<p><b>Practice Gap(s):</b></p> <div style="border: 1px solid black; height: 40px;"></div>
<p><b>What are the educational needs of your learners to address this gap that will be included in this activity? (What are the objectives of the activity?)</b> Examples: We need strategies to discuss difficult topics with family members. Need better strategies for team collaboration.</p>	<p><b>Educational Needs:</b></p> <div style="border: 1px solid black; height: 40px;"></div>
<p><b>Review the three statements to the right:</b></p> <p><b>If you can check any of the three boxes, you do not</b> need to identify, mitigate and disclose relevant financial relationships.</p> <p><b>If you are unable to check any boxes, you must</b> implement processes for ensuring the integrity and independence of this education, including identifying, mitigating, and disclosing relevant financial relationships.</p>	<p>The education will (check all that apply):</p> <p><input type="checkbox"/> Only address a non-clinical skills topic (e.g. leadership or communication skills training).</p> <p><input type="checkbox"/> Be a learner group that is in control of the content (i.e., <u>spontaneous</u> case conversation among peers). Note: this option is <b>not for activities that have set times/dates</b> and have been traditionally planned as accredited CME (such as Tumor Board, Multidisciplinary Breast Conference, M+M Ortho, etc.)</p> <p><input type="checkbox"/> Be a self directed educational activity, where the learner will report on their educational goals and report on the changes that resulted. (e.g., learning from remediation, or a personal development plan). Note: This option is <b>not for</b> enduring materials. It is for individuals who identify and address their own practice gaps.</p>



# CME Activity Application



What strategies/information/resources etc. do physicians/learners need to fill in their gap?

*Example: Physicians have a knowledge-based need to understand FASD and a competence-based need for strategies to diagnose FASD and interventions to implement across the lifespan of an individual.*

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# CME Activity Application

Box 1: Check if activity is solely focused on leadership or communication training.

<p><b>Who are the planners, faculty/presenters, and reviewers for this activity?</b> Please list all individuals who are in control of content for this activity. Each individual listed should also complete and submit a Faculty Disclosure Form.</p>	<p><b>Planners, Faculty/Presenters, Reviewers:</b></p> <div style="border: 1px solid black; height: 40px;"></div>
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# CME Activity Application

Box 2: This box is for spontaneous discussions. In which case, you would be completing this application after the conversation took place. It is NOT for activities with set dates and times.

<p><b>Who are the planners, faculty/presenters, and reviewers for this activity?</b> Please list all individuals who are in control of content for this activity. Each individual listed should also complete and submit a Faculty Disclosure Form.</p>	<p><b>Planners, Faculty/Presenters, Reviewers:</b></p>
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# CME Activity Application

Box 3: This box is for learners who identify and make a plan to address their own gaps.

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# CME Activity Application

Share objectives for the activity and the outcomes you hope to accomplish through this activity.



<p><b>In order to approve CME/CE credits, please indicate the duration of the education.</b> This is the number of CME credit hours requested. Please exclude any time that is not CME.</p>	<p>Education duration: _____ hours _____ minutes. <i>Please report time in 15 minutes increments.</i></p>
<p><b>Is this activity CME on opioids, chronic pain, or opioid addiction or prescribing?</b> Refer to the <b>CME and Joint Provider Statements</b> document if offering opioid medication education.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No If yes, include the Opioid Medication CME statement on any advertising materials as well as the CME documentation form.</p>
<p><b>What changes in strategy, performance or patient care would you like the education to help learners accomplish?</b> <i>Examples:</i> Eliminate stigmatizing language from communication with patients; Improve management skills.</p>	<p><b>Desired change(s) in strategy (competence), performance or patient care:</b></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<p><b>What type of change do you plan on measuring?</b> Please only indicate the type of change you will <b>measure</b>, not the impact you desire the education to have.</p>	<p><b>Type of Change to be Measured: (Check all that apply)</b></p> <p><input type="checkbox"/> Learner Competence <input type="checkbox"/> Learner Performance <input type="checkbox"/> Patient Outcomes</p>
<p><b>How do you plan on measuring this change? Will it be self-reported or observed?</b> <i>Examples:</i> Evaluation forms, electronic health records, observations in practice</p>	<p><b>Plan for Measurement:</b></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<p><b>Which competencies will this activity address?</b></p>	<p><input type="checkbox"/> Provide Patient-Centered Care (IOM)</p>

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Only check what you plan to measure. It is most likely Learner Competence.



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Most likely learners will self-report through an Evaluation Form.

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Refer to the List of Desirable Physician Attributes



<p><b>Which competencies will this activity address?</b>          Select the desirable physician attribute(s) this activity addresses. The list includes the Competencies of: ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative. Check off all that apply.</p> <p>Refer to the <b>List of Desirable Physician Attributes</b> for more information.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide Patient-Centered Care (IOM)</li> <li><input type="checkbox"/> Work in Interdisciplinary Teams</li> <li><input type="checkbox"/> Employ Evidence-Based Practice</li> <li><input type="checkbox"/> Apply Quality Improvement Professionalism</li> <li><input type="checkbox"/> Utilize Informatics</li> <li><input type="checkbox"/> Patient Care (ABMS/ACGME)</li> <li><input type="checkbox"/> Medical Knowledge</li> <li><input type="checkbox"/> Interpersonal and Communication Skills</li> <li><input type="checkbox"/> Systems-Based Practice</li> <li><input type="checkbox"/> Practice-Based Learning and Improvement</li> <li><input type="checkbox"/> Values/Ethics for Interprofessional Practice</li> <li><input type="checkbox"/> Roles/Responsibilities</li> <li><input type="checkbox"/> Interprofessional Communication</li> <li><input type="checkbox"/> Teams and Teamwork</li> </ul>
<p><b>Is there a registration fee for this activity?</b></p>	<p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, what is the registration fee? <input style="width: 50px;" type="text"/></p> <p>If yes, please provide the total income amount from registration fees on the Post-CME Activity Report form following the activity.</p>
<p><b>Will this activity receive commercial support in the form of grants or donations?</b>          Commercial support is defined as monetary or in-kind contributions that is used to pay all or part of the costs of a CME activity. Advertising and exhibit income is not considered to be commercial support.</p>	<p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please include <b>commercial support letter(s) of agreement</b> with this application.</p>
<p><b>Will this activity receive advertising or exhibit income?</b></p>	<p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please provide the total income amount from advertising/exhibits on the Post-CME Activity Report form following the activity.</p>
<p><b>Is this activity open or closed to outside attendees?</b></p>	<p style="text-align: right;"><input type="checkbox"/> Open <input type="checkbox"/> Closed to our group</p>
<p><b>Can this activity be advertised on our website under the MMET CME Section?</b></p>	<p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please provide a website where learners can find more information about this activity:</p> <input style="width: 100%; height: 20px;" type="text"/>



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## List of Desirable Physician Attributes

To maintain compliance with the ACCME Competencies Core Accreditation Criteria, all activities must be developed in the context of desirable physician attributes as those designated by the Institution of Medicine (IOM) and American Board of Medical Specialties (ABMS)/Accreditation Council of Continuing Graduate Medical Education (ACGME) Competencies and Interprofessional Education Collaborative (IPEC).

IOM	ABMS/ACGME	IPEC
<p><b>Provide patient-centered care –</b> Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.</p> <p><b>Work in Interdisciplinary teams –</b> Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.</p> <p><b>Employ evidence-based practice –</b> Integrate best research with clinical expertise and patient values for optimum care and participate in learning and research activities to the extent feasible.</p> <p><b>Apply quality improvement –</b> Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</p>	<p><b>Patient Care –</b> Provide care that is compassionate, appropriate, and effective treatment for health problems and to promote health.</p> <p><b>Medical Knowledge –</b> Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.</p> <p><b>Interpersonal and Communication Skills –</b> Demonstrate skills that result in effective information exchange and teaming with patients, their families, and professional associates.</p> <p><b>Systems-based Practice –</b> Demonstrate awareness of and responsibility to larger context and systems of healthcare. Be able to call on system resources to provide optimal care.</p> <p><b>Practice-based Learning and Improvement –</b> Able to investigate and evaluate their patient care practices, appraise, and assimilate scientific evidence and improve their practice of medicine.</p>	<p><b>Values/Ethics for Interprofessional Practice –</b> Work with individuals of other professions to maintain a climate of mutual respect and shared values.</p> <p><b>Roles/Responsibilities –</b> Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.</p> <p><b>Interprofessional Communication –</b> Communicate with patients, families, and communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.</p> <p><b>Teams and Teamwork –</b> Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.</p>

# List of Desirable Physician Attributes

Choose 2-3 that best match the activity and will be focused on most during the activity.



# CME Activity Application

The MMET is responsible for reporting registration fees collected even if they were received by the joint provider.

<p><b>Which competencies will this activity address?</b>          Select the desirable physician attribute(s) this activity addresses. The list includes the Competencies of: ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative. Check off all that apply.</p> <p>Refer to the <a href="#">List of Desirable Physician Attributes</a> for more information.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide Patient-Centered Care (IOM)</li> <li><input type="checkbox"/> Work in Interdisciplinary Teams</li> <li><input type="checkbox"/> Employ Evidence-Based Practice</li> <li><input type="checkbox"/> Apply Quality Improvement Professionalism</li> <li><input type="checkbox"/> Utilize Informatics</li> <li><input type="checkbox"/> Patient Care (ABMS/ACGME)</li> <li><input type="checkbox"/> Medical Knowledge</li> <li><input type="checkbox"/> Interpersonal and Communication Skills</li> <li><input type="checkbox"/> Systems-Based Practice</li> <li><input type="checkbox"/> Practice-Based Learning and Improvement</li> <li><input type="checkbox"/> Values/Ethics for Interprofessional Practice</li> <li><input type="checkbox"/> Roles/Responsibilities</li> <li><input type="checkbox"/> Interprofessional Communication</li> <li><input type="checkbox"/> Teams and Teamwork</li> </ul>
<p><b>Is there a registration fee for this activity?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, what is the registration fee? <input type="text"/></p> <p>If yes, please provide the total income amount from registration fees on the Post-CME Activity Report form following the activity.</p>
<p><b>Will this activity receive commercial support in the form of grants or donations?</b>          Commercial support is defined as monetary or in-kind contributions that is used to pay all or part of the costs of a CME activity. Advertising and exhibit income is not considered to be commercial support.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please include <b>commercial support letter(s) of agreement</b> with this application.</p>
<p><b>Will this activity receive advertising or exhibit income?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please provide the total income amount from advertising/exhibits on the Post-CME Activity Report form following the activity.</p>
<p><b>Is this activity open or closed to outside attendees?</b></p>	<p><input type="checkbox"/> Open  <input type="checkbox"/> Closed to our group</p>
<p><b>Can this activity be advertised on our website under the MMET CME Section?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please provide a website where learners can find more information about this activity:</p> <input type="text"/>

# CME Activity Application

The MMET is responsible for reporting grants collected either monetary or in-kind from ineligible companies.

Exhibitor income is NOT considered commercial support.

<p><b>Is there a registration fee for this activity?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, what is the registration fee? <input type="text"/></p> <p>If yes, please provide the total income amount from registration fees on the Post-CME Activity Report form following the activity.</p>
<p><b>Will this activity receive commercial support in the form of grants or donations from ineligible companies?</b>  <small>Commercial support is defined as monetary or in-kind contributions that is used to pay all or part of the costs of a CME activity. Refer to the <b>Definition of Ineligible and Eligible Companies</b>. Advertising and exhibit income is not considered to be commercial support.</small></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, please include <b>commercial support letter(s) of agreement</b> with this application.</p> <p>If yes, please complete and submit the Commercial Support Tracker following the activity.</p>
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## MMET Activity Downloads

Follow the instructions on this page to submit an activity for CME approval through the Maine Medical Education Trust. Note that **all** materials required for approval must be submitted before an activity can be approved. MMET will **not** approve CME after the activity has taken place. Use the [CME Activity Application Checklist](#) to help make sure all the required materials have been submitted.

### Applying for CME Approval

Submit **all** of the following documents:

1. [Application/Planning Document for Approval of CME](#) completed by the specialty liaison or contact person.
  - Reference the [List of Desirable Physician Attributes](#) for determining the competencies the activity addresses.
  - [Definition of Ineligible and Eligible Companies](#) for reference.
2. **Payment** for approval of CME. Reference the [Activity Approval Fee Structure](#) for payment amount and remittance.
  - Activities being requested for approval within two weeks of the activity start date are subject to a late fee.

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- [Downloads - Accredited Providers](#)

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- [Downloads - Surveyors](#)

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- [Maine Medical Education Trust](#)
- [MMET Overview](#)

# Ineligible Companies

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**Companies that are ineligible to be accredited in the ACCME System (ineligible companies; previously commercial interests) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.**

## **Types of Organizations That *Cannot* Be Accredited in the ACCME System**

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"><li>• Advertising, marketing, or communication firms whose clients are ineligible companies</li><li>• Bio-medical startups that have begun a governmental regulatory approval process</li><li>• Reagent manufacturers or sellers</li></ul> | <ul style="list-style-type: none"><li>• Device manufacturers or distributors</li><li>• Diagnostic labs that sell proprietary products</li><li>• Growers, distributors, manufacturers or sellers of medical foods and dietary supplements</li></ul> | <ul style="list-style-type: none"><li>• Compounding pharmacies that manufacture proprietary compounds</li><li>• Manufacturers of health-related wearable products</li><li>• Pharmaceutical companies or distributors</li><li>• Pharmacy benefit managers</li></ul> |
|--|--|--|



# Commercial Support from Ineligible Companies

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**MUST be disclosed to learners PRIOR to engaging in the education:**

- 1. Name(s) of ineligible company(ies) that gave commercial support**
- 2. The nature of the commercial support if it was in-kind**

**Refer to the Standards for Integrity and Independence for how to properly manage commercial support.**

# CME Activity Application

The MMET is responsible for reporting grants collected either monetary or in-kind from ineligible companies.

Exhibitor income is NOT considered commercial support.

<p><b>Is there a registration fee for this activity?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, what is the registration fee? <input type="text"/></p> <p>If yes, please provide the total income amount from registration fees on the Post-CME Activity Report form following the activity.</p>
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<p><b>Will this activity receive advertising or exhibit income?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please provide the total income amount from advertising/exhibits on the Post-CME Activity Report form following the activity.</p>
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# CME Activity Application

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# CME Activity Application



The MMET is responsible for reporting advertising or exhibitor income.

<b>Is there a registration fee for this activity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the registration fee? <input type="text"/> If yes, please provide the total income amount from registration fees on the Post-CME Activity Report form following the activity.
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# CME Activity Application

Consider being included on the  
MMET Activity Offerings  
webpage



<p><b>Is there a registration fee for this activity?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, what is the registration fee? <input type="text"/></p> <p>If yes, please provide the total income amount from registration fees on the Post-CME Activity Report form following the activity.</p>
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Maine Medical Association Mission: **SUPPORT** Maine Physicians, **ADVANCE** the quality of medicine in Maine, **PROMOTE** the health all Maine people.

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## CME Activity Offerings

### Upcoming CME Activities

- **March 29, 2022: [Preventing Severe COVID-19 Disease in Maine](#)** - Join Dr. Isaac Benowitz, State Epidemiologist at Maine CDC for updates on COVID-19 and who is getting severely ill in Maine, vaccines and therapies to prevent infection, oral and IV therapies to prevent progression to severe disease, how patients can access these treatments, and how to prepare patients for treatments.
  - If you are unable to make the event on March 29th, the webinar material will be available for 4 weeks after the event. A link will be posted when available.
- **April 28, May 26, June 23, 2022: [Caring for the Roots: Addressing Social Determinants of Health in Patient Care](#)** - This ECHO blitz will offer interactive opportunities for Maine-based health professionals to:
  - Deepen their knowledge of and ability to identify & compassionately respond to the root causes of health

#### For Medical Professionals

[CME Activity Search](#)

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#### For CME Activity Approval

[Maine Medical Education Trust](#)



# CME Activity Application

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Instructions and submission methods included at the end of the application.

## **CME Approval Materials**

*Along with this application, please submit the following:*

1. **Fee** made payable to Maine Medical Education Trust
2. **CVs/Resumes** of speakers
3. **Faculty Disclosure** for each person involved in planning, presenting, or reviewing
  - a. **Mitigation Form** if there are relevant financial relationships
4. **Brochure/Announcement/Agenda** for the activity
  - a. A joint providership statement needs to be included on literature
  - b. **Note:** CME activity *cannot* be mentioned on any materials until the activity has been approved.
5. **Evaluation Form** to be used
6. **Certificate of Completion** to be awarded to learners

**This application will not be considered complete and cannot be approved until all of the above materials are received.**

Additional materials and documents can be found on the MMA website at <https://www.mainemed.com/mmet-activity-downloads>.

Upon review of materials, you will either receive a Letter of Activity Approval, a notification that additional materials are required, or a Letter of Notification that the activity requested may not be approved for CME.

## **Post-Activity Materials**

*After the activity, please submit the following:*

1. **Post-CME Activity Report**
  - a. **Commercial Support Tracker**, if there were monetary or in-kind grants received.
2. **Attendance** that includes the **names** of the attendees.
3. **Learner change information** for the activity (e.g., evaluation summary)
4. **Proof of disclosure of the presence or absence of relevant financial relationships to learners.** (e.g., a slide that presented the disclosure, disclosure on a sign in sheet, for verbal disclosures provide a verbatim record). See the Standards for Integrity and Independence for more information on disclosures.
5. **MMET Activity Monitoring Form** filled out by a planner or peer during each session of the activity.

Please note that failure to submit post-activity materials could be cause for non-approval of future activities.

# CME Activity Application

Instructions and submission  
methods included at the end of  
the application.

**Materials should be sent to:** (paper copies preferred)

**Mail:**

Elizabeth Ciccarelli  
CME Coordinator  
Maine Medical Education Trust  
PO Box 190  
Manchester, ME 04351

**Fax:**

207-622-3332  
Attention: Elizabeth Ciccarelli

**Email:**

[eciccarelli@mainemed.com](mailto:eciccarelli@mainemed.com)

**CME Department only:** **Approved by:**  
CME Coordinator Signature

**Date:**




# Pause for Questions

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Regarding the CME Approval Application

(Note: Still to come – Fee Structure, Disclosure Forms, Post-Activity Submissions)

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- [Maine Medical Education Trust](#)
- [MMET Overview](#)



ACTIVITY APPROVAL FEE STRUCTURE

(Payment must accompany Application materials)

CHECK BOX	CME Application Type	Description	Fee
<input type="checkbox"/>	<b>In-Person or Virtual</b> Offering up to 8 CME	Activity offers up to 8 CME for a 1–2-day meeting. – Virtual Vendor requirements apply	\$600
<input type="checkbox"/>	<b>In-Person or Virtual</b> Offering up to 16 CME	Activity offers up to 16 CME for multi-day meeting or regular series. – Virtual Vendor requirements apply	\$800
<input type="checkbox"/>	<b>In-Person or Virtual</b> More than 16 CME	Activity offers more than 16 CME for multi-day meeting or regular series. – Virtual Vendor requirements apply	\$1000
<input type="checkbox"/>	<b>CME with MOC</b> Offering up to 8 CME	Activity offers MOC along with up to 8 CME for a 1–2-day meeting. Additional paperwork is required.	\$1000
<input type="checkbox"/>	<b>CME with MOC</b> Offering up to 16 CME Multi-Day OR Regular Series	Activity offers MOC along with up to 16 CME for a multi-day meeting or series. Additional paperwork is required.	\$1200
<input type="checkbox"/>	<b>Enduring Materials</b>	Educational materials that exist over time. Includes up to 4 modules for a 3- year period.	\$600
<input type="checkbox"/>	<b>In Person or Virtual</b> (up to 8 CME) <b>and</b> <b>Enduring Materials</b>	Live activities that will also be used as enduring materials. All-inclusive with additional required enduring paperwork for live CME along with a 3-year period for the enduring materials.	\$1000
<input type="checkbox"/>	<b>In Person or Virtual</b> (up to 16 CME) <b>and</b> <b>Enduring Materials</b>	Live activities that will also be used as enduring materials. All-inclusive with additional required enduring paperwork for live CME along with a 3-year period for the enduring materials.	\$1200
<input type="checkbox"/>	<b>LATE FEE</b>	A late fee will be assessed on applications received <b>within 2 weeks of an activity</b> (CME application will not be reviewed without payment).	\$100

# Activity Approval Fee Schedule

Live Activity  
(In-Person or  
Virtual)/Series

Based on the number  
of CMEs offered and  
the type of activity.

ACTIVITY APPROVAL FEE STRUCTURE

(Payment must accompany Application materials)

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<input type="checkbox"/>	<b>CME with MOC Offering up to 16 CME Multi-Day OR Regular Series</b>	Activity offers MOC along with up to <b>16 CME</b> for a multi-day meeting or series. Additional paperwork is required.	\$1200
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<input type="checkbox"/>	<b>In Person or Virtual (up to 16 CME) and Enduring Materials</b>	Live activities that will also be used as enduring materials. All-inclusive with additional required enduring paperwork for live CME along with a 3-year period for the enduring materials.	\$1200
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Activities  
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Based on the number  
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ACTIVITY APPROVAL FEE STRUCTURE

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<input type="checkbox"/>	<b>Enduring Materials</b>	Educational materials that exist over time. Includes up to 4 modules for a 3- year period.	\$600
<input type="checkbox"/>	<b>In Person or Virtual</b> (up to 8 CME) and <b>Enduring Materials</b>	Live activities that will also be used as enduring materials. All-inclusive with additional required enduring paperwork for live CME along with a 3-year period for the enduring materials.	\$1000
<input type="checkbox"/>	<b>In Person or Virtual</b> (up to 16 CME) and <b>Enduring Materials</b>	Live activities that will also be used as enduring materials. All-inclusive with additional required enduring paperwork for live CME along with a 3-year period for the enduring materials.	\$1200
<input type="checkbox"/>	<b>LATE FEE</b>	A late fee will be assessed on applications received <b>within 2 weeks of an activity</b> (CME application will not be reviewed without payment).	\$100

# Activity Approval Fee Schedule

Live Activity  
(In-Person or  
Virtual)/Series

Activities  
Offering  
MOC

Enduring Materials

Based on the number  
of CMEs offered and  
the type of activity.

ACTIVITY APPROVAL FEE STRUCTURE

(Payment must accompany Application materials)

CHECK BOX	CME Application Type	Description	Fee
<input type="checkbox"/>	<b>In-Person or Virtual Offering up to 8 CME</b>	Activity offers up to 8 CME for a 1–2-day meeting. – Virtual Vendor requirements apply	\$600
<input type="checkbox"/>	<b>In-Person or Virtual Offering up to 16 CME</b>	Activity offers up to 16 CME for multi-day meeting or regular series. – Virtual Vendor requirements apply	\$800
<input type="checkbox"/>	<b>In-Person or Virtual More than 16 CME</b>	Activity offers more than 16 CME for multi-day meeting or regular series. – Virtual Vendor requirements apply	\$1000
<input type="checkbox"/>	<b>CME with MOC Offering up to 8 CME</b>	Activity offers MOC along with up to 8 CME for a 1–2-day meeting. Additional paperwork is required.	\$1000
<input type="checkbox"/>	<b>CME with MOC Offering up to 16 CME Multi-Day OR Regular Series</b>	Activity offers MOC along with up to 16 CME for a multi-day meeting or series. Additional paperwork is required.	\$1200
<input type="checkbox"/>	<b>Enduring Materials</b>	Educational materials that exist over time. Includes up to 4 modules for a 3- year period.	\$600
<input type="checkbox"/>	<b>In Person or Virtual (up to 8 CME) and Enduring Materials</b>	Live activities that will also be used as enduring materials. All-inclusive with additional required enduring paperwork for live CME along with a 3-year period for the enduring materials.	\$1000
<input type="checkbox"/>	<b>In Person or Virtual (up to 16 CME) and Enduring Materials</b>	Live activities that will also be used as enduring materials. All-inclusive with additional required enduring paperwork for live CME along with a 3-year period for the enduring materials.	\$1200
<input type="checkbox"/>	<b>LATE FEE</b>	A late fee will be assessed on applications received <b>within 2 weeks of an activity</b> (CME application will not be reviewed without payment).	\$100

# Activity Approval Fee Schedule

Live Activity  
(In-Person or Virtual)/Series

Activities Offering MOC

Enduring Materials

Materials must be submitted at least 2 weeks prior to the activity, or a late fee will be charged

Based on the number of CMEs offered and the type of activity.



# Pause for Questions

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Regarding the Fee Schedule

(Note: Still to come – Disclosure Forms, Mitigation, Post-Activity Submissions)



3. **CVs or Resumes** for all presenters.

4. [Faculty Disclosure Forms](#)

- The first page needs to be completed by each planner, presenter, and reviewer. The remaining pages provide instructions for mitigation if necessary. Note that an "ineligible company" is the new term for "commercial support".
- **If** there are relevant financial relationships, complete the [Mitigation Form](#) to document how each relevant financial relationship was mitigated. These steps should be taken prior to planning and/or presenting. If there were no relevant financial relationships, the mitigation form does not need to be completed.

5. **Promotional Material(s)**. Submit a brochure/announcement/agenda for the activity.

- Please send an agenda if there are multiple speakers or sessions for the activity.
- Statements for CME **cannot** be included on any literature until the activity has been approved.
- Use the [CME and Joint Provider Statements](#) on all literature upon approval.
- Reference the [Development of a Brochure](#) instructions for details on brochure requirements.

Maine Medical Education Trust  
[MMET Overview](#)  
[Documentation/Instructions](#)  
[MMET Activity Downloads](#)





#### 4. [Faculty Disclosure Forms](#)

- The first page needs to be completed by each planner, presenter, and reviewer. The remaining pages provide instructions for mitigation if necessary. Note that an "ineligible company" is the new term for "commercial support".
- **If** there are relevant financial relationships, complete the [Mitigation Form](#) to document how each relevant financial relationship was mitigated. These steps should be taken prior to planning and/or presenting. If there were no relevant financial relationships, the mitigation form does not need to be completed.
- When disclosing relevant financial relationships to learners, one of the following statements must be made: "There are no relevant financial relationships to disclose" or, if there were relevant financial relationships, "All relevant financial relationships have been mitigated." In addition, if relevant financial relationships exist, the following must be disclosed to learners: the name of the individual, the name of the company, and the nature of the relationship.

5. **Promotional Material(s).** Submit a brochure/announcement/agenda for the activity.

- Please send an agenda if there are multiple speakers or sessions for the activity.
- Statements for CME **cannot** be included on any literature until the activity has been approved.

# Faculty Disclosure Form

Must be completed by anyone and everyone in control of content – planners, presenters, reviewers.

MAINE MEDICAL  
EDUCATION TRUST

## Disclosure of All Financial Relationships from Planners, Faculty, and Others

Disclosures from all persons in control of content (faculty, planners, teachers, authors, and reviewers) are required and must accompany the application for approval of any CME Activity.

Name of Individual: Click or tap here to enter text.

Title of Continuing Education Activity: Click or tap here to enter text.

Date and Location of Education Activity: Click or tap here to enter text.

### Individual's prospective role(s) in education

Identify the prospective role(s) that this person may have in the planning and delivery of this education (*choose all that apply*)

Planner

*Examples: planning committee, staff involved in choosing topics, faculty, or content*

Faculty/Presenter/Speaker

Author

Reviewer

Other: \_\_\_\_\_

**To be completed by presenters and authors:** List the presentation title and 2 or 3 objectives for the presentation. (Planners and reviewers may leave this section blank)

### Presentation Title:

- 1.
- 2.
- 3.

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 and return it to your activity planner or Faculty Officer.



**New:** Individuals must report on all financial relationships within the past **24 months**.



# Faculty Disclosure Form

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 and return it to Elizabeth Ciccarelli at [eciccarelli@mainemed.com](mailto:eciccarelli@mainemed.com) or Fax: 2076223332 or your activity planner.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact Elizabeth Ciccarelli at [eciccarelli@mainemed.com](mailto:eciccarelli@mainemed.com).

**To be Completed by Planner, Faculty, or Others Who May Control Educational Content**

Please disclose **all financial relationships** that you have had in the **past 24 months** with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). 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.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.  For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a> .	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	X
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

I attest that the above information is correct as of this date of submission.

Sign and Date above

# Faculty Disclosure Form

**New Term: Ineligible Company** – Replaces “Commercial Interest” – These are companies that are ineligible to provide CME because their primary business is producing, marketing, selling, re-selling, or distributing healthcare products.



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 and return it to Elizabeth Ciccarelli at [eciccarelli@mainemed.com](mailto:eciccarelli@mainemed.com) or Fax: 2076223332 or your activity planner.

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### To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the **past 24 months** with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). 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.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.  For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a> .	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	X
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.


I attest that the above information is correct as of this date of submission.

Sign and Date above



# Faculty Disclosure Form

Individuals list financial relationships with ineligible companies here. Leave blank if there are none.



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### To be Completed by Planner, Faculty, or Others Who May Control Educational Content

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Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.  For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a> .	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	X
		<input type="checkbox"/>
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		<input type="checkbox"/>

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

I attest that the above information is correct as of this date of submission.

Sign and Date above

# Faculty Disclosure Form

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#### **Enter the Name of Ineligible Company**

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

For specific examples of ineligible companies visit [accme.org/standards](http://accme.org/standards).

#### **Enter the Nature of Financial Relationship**

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

#### **Has the Relationship Ended?**


If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

Example: ABC Company	Consultant	X
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

**I attest that the above information is correct as of this date of submission.**

**Sign and Date above**

If there are no financial relationships with ineligible companies, they **MUST** mark this box. 



# Faculty Disclosure Form

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 and return it to Elizabeth Ciccarelli at [eciccarelli@mainemed.com](mailto:eciccarelli@mainemed.com) or Fax: 2076223332 or your activity planner.

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If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

Example: ABC Company

Consultant

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

**I attest that the above information is correct as of this date of submission.**

**Sign and Date above**

The application **MUST** be signed and dated. Electronic signatures are acceptable.



# Faculty Disclosure Form

The second page is a glossary of terms and includes a Statement of Conflict Resolution and Disclosure. Nothing to fill out. However, because it includes definitions, it should be shared with individuals in control of content.

## Glossary of Terms

### Ineligible Company

The ACCME defines an "ineligible company" as any entity producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on, patients. These companies are ineligible to be accredited in the ACCME System. The ACCME does not consider providers of clinical service directly to patients to be ineligible companies. For more information, see [www.accme.org](http://www.accme.org).

### Financial relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, [www.accme.org](http://www.accme.org), and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

### Relevant financial relationships

ACCME focuses on financial relationships with ineligible companies in the 24-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 24 months that create a conflict of interest.

### Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

## Maine Medical Education Trust

### Statement of Conflict Resolution and Disclosure including Content Validation

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence in Accredited Continuing Education, it is the policy of MAINE MEDICAL EDUCATION TRUST to ensure balance, independence, objectivity, and scientific rigor in all of its continuing medical education (CME) activities.

MAINE MEDICAL EDUCATION TRUST requires everyone who is [www.accme.org](http://www.accme.org) to control the content of a CME activity to disclose all relevant financial relationships with any ineligible company. This information is utilized to 1) determine if a conflict exists, 2) resolve the conflict by initiating a content validation process, and 3) advise learners of this information. Any individual who refuses to (or chooses not to) disclose relevant financial relationships will be disqualified from participating as an instructor, planner or manager and cannot have control of or responsibility for the development, management, presentation, or evaluation of a CME activity certified by MAINE MEDICAL EDUCATION TRUST. Disclosures received by the MAINE MEDICAL EDUCATION TRUST from individuals in a position to control CME content are made transparent to learners prior to participating in the activity. MAINE MEDICAL EDUCATION TRUST discloses the following information to learners: 1) the name of the individual, 2) the name of the ineligible company, and 3) the nature of the relationship the individual has with the ineligible company. MAINE MEDICAL EDUCATION TRUST also discloses to learners the name(s) of ineligible companies supporting each CME activity. Once a conflict is identified, a content validation process is initiated to ensure that the content or format of the CME activity and related materials will promote improvements or quality in healthcare and not promote a specific proprietary business interest of an ineligible company. To this end, it is the policy of MAINE MEDICAL EDUCATION TRUST to conduct an unbiased review of all planned content for CME activities certified for credit to ensure adherence to the ACCME content validation statements and to resolve any actual or perceived conflict of interest that exists. MAINE MEDICAL EDUCATION TRUST employs three primary metrics to validate CME content: 1) fair balance, 2) the scientific objectivity of studies mentioned in the materials or used as the basis for content, and 3) appropriateness of patient care recommendations made to learners.

### CME Definition

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.

### ACCME's definition of CME content includes:

- Management, for physicians responsible for managing a health care facility
- Educational methodology, for physicians teaching in a medical school
- Practice management, for physicians interested in providing better service to patients
- Coding and reimbursement in a medical practice

All faculty and planners receive this faculty disclosure that communicates the MAINE MEDICAL EDUCATION TRUST information concerning expectations related to content validation and safeguards against commercial bias which are detailed. An individual presentation or initial draft of a conflicted faculty member's content are reviewed by a MAINE MEDICAL EDUCATION TRUST staff member. If there are concerns identified by the content validation process, feedback may be requested from the course director or program chair of MAINE MEDICAL EDUCATION TRUST.

MAINE MEDICAL EDUCATION TRUST requests that learners evaluate activities for the potential presence of bias.



# Faculty Disclosure Form

The final two pages are about mitigation if there are relevant financial relationships.

These are steps that must be taken **PRIOR** to the individual engaging in planning/presenting.

MAINE MEDICAL  
EDUCATION TRUST

## Worksheet for the Identification and Mitigation of Relevant Financial Relationships of Planners, Faculty, and Others

The next two pages are for informational purposes and are only completed by application submission personnel.

### Note for Continuing Education Staff

Use this sample worksheet to identify and mitigate relevant financial relationships that you have identified for planners, faculty, and others who will control educational content for your education activity. Please make sure that (1) the mitigation strategy is appropriate to the person's role in the activity, and (2) that mitigation is implemented before each person takes on their role.

**STEP 1:** Review collected information about financial relationships and **exclude owners or employees of ineligible companies** from participating as planners or faculty.

After collecting all financial relationships from prospective planners, faculty, and others, exclude any persons who are owners or employees of ineligible companies. Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For information about exceptions to this exclusion, see [accme.org/standards](http://accme.org/standards).

**STEP 2:** Determine **relevant financial relationships**.

Review the information for all persons whom you did not exclude in Step 1 and determine whether each person's financial relationships with ineligible companies are relevant to the content of the education you are planning. Financial relationships are relevant if the following three conditions are met for the prospective person who will control content of the education:

- ✓ A financial relationship, in **any amount**, exists between the person in control of content and an ineligible company.
- ✓ The financial relationship existed during the past **24 months**.
- ✓ The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

**STEP 3:** 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.

# Faculty Disclosure Form

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Do not use owners or employees of ineligible companies.

There are 3 exceptions, that can be shared when necessary.

MAINE MEDICAL  
EDUCATION TRUST

## Worksheet for the Identification and Mitigation of Relevant Financial Relationships of Planners, Faculty, and Others

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### Note for Continuing Education Staff

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Mitigation Strategies to use as needed and appropriate.



# Faculty Disclosure Form

**STEP 3:** 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)

- ✓ **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):

**Mitigation steps for faculty and others** (choose at least one)

- ✓ **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):

**Step 4: 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
<i>Example: Dr. Jones</i>	<i>Planner</i>	<i>Recusal from topic/faculty selection</i>	<i>10/28/21</i>

**Please note: When applying for CME Activity Approval all Individuals with a relevant financial relationship will need to be mitigated by this process. Use the Mitigation Form to document the mitigation steps taken.**

# Faculty Disclosure Form

If there are relevant financial relationships and mitigation steps need to be taken, a Mitigation Form must be completed and submitted with the application.



**STEP 3:** 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)

- ✓ **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):

**Mitigation steps for faculty and others** (choose at least one)

- ✓ **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):

**Step 4: 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
<i>Example: Dr. Jones</i>	<i>Planner</i>	<i>Recusal from topic/faculty selection</i>	<i>10/28/21</i>

**Please note: When applying for CME Activity Approval all Individuals with a relevant financial relationship will need to be mitigated by this process. Use the Mitigation Form to document the mitigation steps taken.**



3. **CVs or Resumes** for all presenters.

4. [Faculty Disclosure Forms](#)

- The first page needs to be completed by each planner, presenter, and reviewer. The remaining pages provide instructions for mitigation if necessary. Note that an "ineligible company" is the new term for "commercial support".
- **If** there are relevant financial relationships, complete the [Mitigation Form](#) to document how each relevant financial relationship was mitigated. These steps should be taken prior to planning and/or presenting. If there were no relevant financial relationships, the mitigation form does not need to be completed.

5. **Promotional Material(s)**. Submit a brochure/announcement/agenda for the activity.

- Please send an agenda if there are multiple speakers or sessions for the activity.
- Statements for CME **cannot** be included on any literature until the activity has been approved.
- Use the [CME and Joint Provider Statements](#) on all literature upon approval.
- Reference the [Development of a Brochure](#) instructions for details on brochure requirements.

Maine Medical Education Trust

[MMET Overview](#)

[Documentation/Instructions](#)

[MMET Activity Downloads](#)

# Mitigation Form

To be completed and submitted **ONLY** if there are relevant financial relationships to mitigate

A	B	C	D	E
<b>Mitigation Form</b>				
<b>Activity Name:</b>				
<b>Activity Date(s):</b>				
<p>If any of the planners, presenters, or reviewers involved in the learning activity have <b>any</b> relevant financial relationships, complete this form to document how those relevant financial relationships were mitigated. These steps should be taken prior to planning and presenting. Submit this form along with the application materials.</p>				
Name of Individual	Individual's Role(s) in Activity	Name of Ineligible Company(s)	Nature of Relationship(s)	Mechanism(s) Implemented to Mitigate Relevant Financial Relationships Appropriate to Role(s) in the Activity



# Disclosure to Learners

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- Remember that the presence or absence of relevant financial relationships must be disclosed to learners prior to engaging in the educational activity.
- It is **NOT** enough to state, “Faculty have signed a disclosure form.”
- If there are no financial relationships, a statement similar to the following **MUST** be made: “There are no relevant financial relationships to disclose.”

# Disclosure to Learners

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- Remember that the presence or absence of relevant financial relationships must be disclosed to learners prior to engaging in the educational activity.
- If there are relevant financial relationships, the following must be included in the statement:
  1. The names of individuals with relevant financial relationships.
  2. The names of the ineligible companies with which they have relationships.
  3. The nature of the relationships.
  4. A statement that all relevant financial relationships have been mitigated.



3. **CVs or Resumes** for all presenters.

4. [Faculty Disclosure Forms](#)

- The first page needs to be completed by each planner, presenter, and reviewer. The remaining pages provide instructions for mitigation if necessary. Note that an "ineligible company" is the new term for "commercial support".
- **If** there are relevant financial relationships, complete the [Mitigation Form](#) to document how each relevant financial relationship was mitigated. These steps should be taken prior to planning and/or presenting. If there were no relevant financial relationships, the mitigation form does not need to be completed.

5. **Promotional Material(s)**. Submit a brochure/announcement/agenda for the activity.

- Please send an agenda if there are multiple speakers or sessions for the activity.
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- Reference the [Development of a Brochure](#) instructions for details on brochure requirements.

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#### 6. Evaluation Form

- This generic form may be adapted to suit the needs of the activity, organization, and measurements desired. However, learners must be asked about the changes they intend to make in their practices as a result of this educational activity.
- Online evaluation forms are acceptable, but a copy of the form to be used must still be submitted.

#### 7. Certificate of Completion

- This generic form may be adapted to suit your needs but needs to include the title, dates, type of activity, CME statement, Joint Provider Statement, and the number of CMEs for the activity. If learners might not have participated in the entire activity, include claiming partial CME as an option.





## 6. Evaluation Form

- This generic form may be adapted to suit the needs of the activity, organization, and measurements desired. However, learners must be asked about the changes they intend to make in their practices as a result of this educational activity.
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- This generic form may be adapted to suit your needs but needs to include the title, dates, type of activity, CME statement, Joint Provider Statement, and the number of CMEs for the activity. If learners might not have participated in the entire activity, include claiming partial CME as an option.

# Pause for Questions

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(Note: Still to come – Activity Monitoring Form, Post-Activity Submissions)





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## During the Activity

1. Collect the **names** and **credentials** of participants. This generic [Sign-In Sheet](#) may be used or adapted. Collecting credentials on attendance sheets will help to determine the number of physicians and other learners in attendance that will need to be reported post-activity. If requesting MOC, also collect and submit either the date of birth for each attendee requesting MOC or their Board ID Number.
  2. Complete the [MMET Activity Monitoring Form](#) for each session. This may be completed by a planner or peer attending the activity. The purpose of this form is to ensure the Integrity and Independence of this educational event from commercial interests.
  3. Distribute the **evaluation form** at the end of the activity (or each session as determined by the organizer). You may set the precedence that the participant must complete the evaluation form to receive a CME Certificate.
-

# Generic Sign-in Sheet


Name or contact information of learners may not be shared with any ineligible company without the explicit consent of the individual learner.

**Date:**

(Activity Name)

(Organization Name)

Participant information is not distributed to commercial companies.



Name (Print)	Credentials	Signature



# Generic Sign-in Sheet

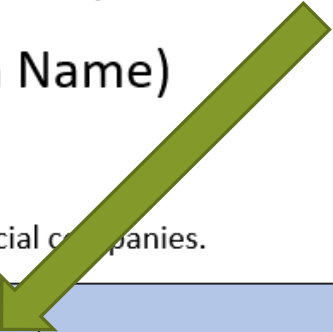
---

(Activity Name)  
(Organization Name)

For reporting purposes.  
Attendance totals must be  
reported in terms of physicians  
and “other learners.”

Date:

Participant information is not distributed to commercial companies.



Name (Print)	Credentials	Signature

---

## During the Activity

1. Collect the **names** and **credentials** of participants. This generic [Sign-In Sheet](#) may be used or adapted. Collecting credentials on attendance sheets will help to determine the number of physicians and other learners in attendance that will need to be reported post-activity. If requesting MOC, also collect and submit either the date of birth for each attendee requesting MOC or their Board ID Number.
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-



## MMET ACTIVITY MONITORING FORM POTENTIAL CONFLICTS OF INTEREST

*This evaluation form must be completed during the CME activity by a planner or peer to review the activity for disclosures and potential conflicts of interest. Please complete and submit this form at the end of the CME activity.*

CME Activity Title:	
Activity Location (as appropriate):	
Date(s):	
Presenter:	
Activity Monitor (your name):	

1. Disclosure information was communicated to the audience about any potential conflicts of interest of the Activity Director, planning committee members, teachers/authors, or others involved in this CME activity.

Agree                       Disagree

2. The Planner/Presenter disclosure information for this activity was communicated to the participants of the session prior to the presentation.

Agree                       Disagree

3. The disclosure information was communicated by the means of:

Check all that apply:

- Notation on promotional materials.
- Verbal disclosure by speaker\*.
- Verbal disclosure by coordinator\*.
- First slide of presentation.
- Sign-in registration table.
- Printed on sign-in sheet.

# Activity Monitoring Form

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To be completed by a  
planner or peer.

Complete at least one form  
per each day of activities.

Modified to be easier to  
complete electronically.

---

## During the Activity

1. Collect the **names** and **credentials** of participants. This generic [Sign-In Sheet](#) may be used or adapted. Collecting credentials on attendance sheets will help to determine the number of physicians and other learners in attendance that will need to be reported post-activity. If requesting MOC, also collect and submit either the date of birth for each attendee requesting MOC or their Board ID Number.
  2. Complete the [MMET Activity Monitoring Form](#) for each session. This may be completed by a planner or peer attending the activity. The purpose of this form is to ensure the Integrity and Independence of this educational event from commercial interests.
  3. Distribute the **evaluation form** at the end of the activity (or each session as determined by the organizer). You may set the precedence that the participant must complete the evaluation form to receive a CME Certificate.
-



# Pause for Questions

---

(Note: Still to come – Post-Activity Submissions)



**NEW!**

## After the Activity

Submit the following documents:

1. [Post-CME Activity Report](#) that includes the **number of physicians** and **number of other learners** that participated and **financial reports**.

- **If commercial support was received**, complete and submit the [Commercial Support Tracker](#).

2. **Attendance record** that includes the **names** of the attendees. Attendance can be submitted as copies of sign-in sheets or an electronic attendance record.

3. **Evaluation summary** or copies of completed evaluation forms that documents the changes learners intend to make as a result of the learning activity.

4. **MMET Activity Monitoring Form(s)** completed by a planner or peer for each session.

5. **Proof of disclosure of the presence or absence of relevant financial relationships to learners.** (e.g., a slide that presented the disclosure, disclosure on a sign in sheet, or a verbatim record for verbal disclosures). See the [Standards for Integrity and Independence](#) for more information on disclosures.

**Note:** It is the responsibility of the organization, not the MMET, to award Attendance and CME Certificates to participants.

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# Post-Activity Report

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**MAINE MEDICAL  
EDUCATION TRUST**

## POST-CME ACTIVITY REPORT

Please provide the following information regarding the CME activity:

<b>Title of Activity:</b>	<input type="text"/>	
<b>Date(s):</b>	<input type="text"/>	
<b>Contact Person:</b>	Name:	<input type="text"/>
	Email:	<input type="text"/>
<b>Attendees:</b>	Total Number of Learners:	<input type="text"/>
	Number of Physicians:	<input type="text"/>
	Number of Other Learners:	<input type="text"/>
<b>Registration Fees</b> If this activity included a registration fee, please report the following:	Cost of registration:	<input type="text"/>
	Total income from registration fees:	<input type="text"/>
<b>Advertising/Exhibitors</b> If this activity included advertising and/or exhibiting fees, please report the following:	Total income from advertising and/or exhibitor fees:	<input type="text"/>
<b>Grant Monies/In-Kind</b>	If this activity was supported by grants either monetary or in kind,	

# Post-Activity Report

**MAINE MEDICAL EDUCATION TRUST**

## POST-CME ACTIVITY REPORT

Please provide the following information regarding the CME activity:

<b>Title of Activity:</b>	<input type="text"/>	
<b>Date(s):</b>	<input type="text"/>	
<b>Contact Person:</b>	Name:	<input type="text"/>
	Email:	<input type="text"/>
<b>Attendees:</b>	Total Number of Learners:	<input type="text"/>
	Number of Physicians:	<input type="text"/>
	Number of Other Learners:	<input type="text"/>
<b>Registration Fees</b> If this activity included a registration fee, please report the following:	Cost of registration:	<input type="text"/>
	Total income from registration fees:	<input type="text"/>
<b>Advertising/Exhibitors</b> If this activity included advertising and/or exhibiting fees, please report the following:	Total income from advertising and/or exhibitor fees:	<input type="text"/>
<b>Grant Monies/In-Kind</b>	If this activity was supported by grants either monetary or in kind,	

**NEW!**





**NEW!**

# Post-Activity Report

<b>Grant Monies/In-Kind Support</b>	If this activity was supported by grants either monetary or in kind, complete a <b>Commercial Support Tracker</b> sheet and submit along with this Post-Activity Form.	
<b>Additional Materials to Submit</b>	<b>Attendance List</b> with names of learners	
	<b>Proof of disclosure of the presence or absence of relevant financial relationships to learners.</b> (e.g., a slide that presented the disclosure, disclosure on a sign in sheet). See the Standards for Integrity and Independence for more information on disclosures.	
	<b>Learner change information</b> for the activity (e.g., evaluation summary)	
	<b>The MMET Activity Monitoring Form</b> filled out by a planner or peer during each session of the activity.	
<b>Please also be sure to send out CME Certificates to those learners who earned CMEs for the activity.</b>		
<b>Materials should be sent to:</b>		
<b>Mail:</b> Elizabeth Ciccarelli CME Coordinator Maine Medical Education Trust PO Box 190 Manchester, ME 04351	<b>Fax:</b> 207-622-3332 Attention: Elizabeth Ciccarelli	<b>Email:</b> <a href="mailto:eciccarelli@mainemed.com">eciccarelli@mainemed.com</a>

**NEW!**



## After the Activity

Submit the following documents:

1. [Post-CME Activity Report](#) that includes the **number of physicians** and **number of other learners** that participated and **financial reports**.

- **If commercial support was received**, complete and submit the [Commercial Support Tracker](#).

2. **Attendance record** that includes the **names** of the attendees. Attendance can be submitted as copies of sign-in sheets or an electronic attendance record.

3. **Evaluation summary** or copies of completed evaluation forms that documents the changes learners intend to make as a result of the learning activity.

4. **MMET Activity Monitoring Form(s)** completed by a planner or peer for each session.

5. **Proof of disclosure of the presence or absence of relevant financial relationships to learners.** (e.g., a slide that presented the disclosure, disclosure on a sign in sheet, or a verbatim record for verbal disclosures). See the [Standards for Integrity and Independence](#) for more information on disclosures.

**Note:** It is the responsibility of the organization, not the MMET, to award Attendance and CME Certificates to participants.

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# Commercial Support Tracker

To be completed and submitted ONLY if monetary or in-kind grants were received from ineligible companies

A	B	C	D
CME Activity Title:			
Activity Dates:			
Name of Grant	Allocation of Support (if applicable)	Amount Allocated	Type of In-Kind Support

There are restrictions to how monetary grants can be spent. See the Standard 4: Manage Commercial Support Appropriately from the Standards for Integrity and Independence for more information.

For Reference



## After the Activity

Submit the following documents:

1. [Post-CME Activity Report](#) that includes the **number of physicians** and **number of other learners** that participated and **financial reports**.

- **If commercial support was received**, complete and submit the [Commercial Support Tracker](#).

2. **Attendance record** that includes the **names** of the attendees. Attendance can be submitted as copies of sign-in sheets or an electronic attendance record.

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# Post-Activity Report

Includes instructions for other materials to submit post-activity

<b>Grant Monies/In-Kind Support</b>	If this activity was supported by grants either monetary or in kind, complete a <b>Commercial Support Tracker</b> sheet and submit along with this Post-Activity Form.	
<b>Additional Materials to Submit</b>	<b>Attendance List</b> with names of learners	
	<b>Proof of disclosure of the presence or absence of relevant financial relationships to learners.</b> (e.g., a slide that presented the disclosure, disclosure on a sign in sheet). See the Standards for Integrity and Independence for more information on disclosures.	
	<b>Learner change information</b> for the activity (e.g., evaluation summary)	
	<b>The MMET Activity Monitoring Form</b> filled out by a planner or peer during each session of the activity.	
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<b>Mail:</b> Elizabeth Ciccarelli CME Coordinator Maine Medical Education Trust PO Box 190 Manchester, ME 04351	<b>Fax:</b> 207-622-3332 Attention: Elizabeth Ciccarelli	<b>Email:</b> <a href="mailto:eciccarelli@mainemed.com">eciccarelli@mainemed.com</a>

## After the Activity

Submit the following documents:

1. [Post-CME Activity Report](#) that includes the **number of physicians** and **number of other learners** that participated and **financial reports**.

- **If commercial support was received**, complete and submit the [Commercial Support Tracker](#).

2. **Attendance record** that includes the **names** of the attendees.

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## After the Activity

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## After the Activity

Submit the following documents:

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**NEW!**



## After the Activity

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1. [Post-CME Activity Report](#) that includes the **number of physicians** and **number of other learners** that participated and **financial reports**.

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## After the Activity

Submit the following documents:

1. [Post-CME Activity Report](#) that includes the **number of physicians** and **number of other learners** that participated and **financial reports**.


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**Note:** It is the responsibility of the organization, not the MMET, to award Attendance and CME Certificates to participants.

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**Have the following been submitted after the event?**

	<b>Post-CME Activity Report</b> – includes number of physicians and other learners and financial information
	<b>Attendance Sheet(s)</b>
	<b>MMET Activity Monitoring Form</b>
	<b>Disclosure Evidence</b> – (e.g., slide, verbal record, sign-in sheet)
	<b>Evaluations/Evaluation Summary</b>
	<b>Commercial Support Tracker</b> <u>if there were monetary or in-kind grants</u> received

# CME Activity Application Checklist

Remember, you can use the checklist to assist in the submission of post-activity materials.

Questions?

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# Summary

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01

ADDITIONAL  
QUESTIONS IN THE  
ACTIVITY  
APPLICATION &  
CHANGES IN FEE  
STRUCTURE

02

CHANGES IN  
FACULTY  
DISCLOSURE FORM &  
MITIGATION  
REQUIREMENTS

03

INCREASED POST-  
ACTIVITY  
REQUIREMENTS  
INCLUDING PROOF  
OF DISCLOSURE