

Hanley Center Guide to the CME with MOC Application



WHAT IS MOC?

MOC stands for Maintenance of Certification. Many physicians are certified by specialty boards that require them to earn and report MOC points to maintain their specialty certification.

Accredited CME providers are able to offer MOC points for certain CME-approved activities. The following 7 American Board of Medical Specialties (ABMS) certifying boards have collaborated with the ACCME to allow accredited CME providers to offer MOC through their CME activities:

- American Board of Anesthesiology (ABA)
- American Board of Internal Medicine (ABIM)
- American Board of Otolaryngology – Head and Neck Surgery (ABOHNS)
- American Board of Pathology (ABPath)
- American Board of Pediatrics (ABP)
- American Board of Surgery (ABS)
- American Board of Orthopaedic Surgery (ABOS)
- American Board of Thoracic Surgery (ABTS)

CME Activities that desire to offer MOC points for their physicians, must meet certain requirements set by the specialty boards and submit additional materials during the CME Activity Approval Process.

This guide outlines the requirements for MOC approval of a CME activity. Please also refer to the [Hanley Center Guide to the CME Activity Approval Process](#) for a full description of the required materials necessary for CME approval.

Some boards use the term 'Continuous Certification' or 'Continuing Certification' instead of MOC.

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BOARD REQUIREMENTS

Each specialty board has different credit types that can be registered for MOC. The table below lists each board and the credit types that can be offered.

MOC Credit Type Language

Board and Program Name	Accredited CME	Accredited CME with Evaluation and Feedback	Accredited CME Improvement Activity	Accredited Patient Safety CME
ABA MOCA 2.0® - Maintenance of Certification in Anesthesiology Program®	Lifelong Learning	X	X	Patient Safety
ABIM MOC Assessment Recognition Program	X	Medical Knowledge	Practice Assessment	Patient Safety
ABOHNS Continuing Certification	X	Self-Assessment	Improvement in Medical Practice	Patient Safety
ABPath Continuing Certification	Lifelong Learning	X	Improvement in Health and Healthcare	X
ABP Maintenance of Certification	X	Lifelong Learning & Self-Assessment	X	X
ABS Continuous Certification	Accredited CME	Self-Assessment	X	X
ABOS Maintenance of Certification	Accredited CME	Self-Assessment Examination	X	X
ABTS Maintenance of Certification	Accredited CME	Self-Assessment	Performance in Practice	Patient Safety

Source: CME for Maintenance of Certification Program Guide

Credit Types

The information in this section explains what is required for each of the four Credit Types listed in the chart above.

1. Accredited CME Activity

Activities approved for CME can also count towards MOC credits for the ABA, ABPath, ABS, ABOS, and ABTS boards. These activities must meet the following **General Requirements** to qualify for MOC credit:

1. The activity is directly provided or jointly provided by an organization accredited in good standing within the ACCME system.
2. The activity is designated for *AMA PRA Category 1 Credit(s)*™.
3. The activity is planned in the context of the ABMS/ACGME Competencies.
4. The activity is relevant to learners certified by the specific board(s), as demonstrated by the professional practice gap(s) and content of the activity.
5. The activity is free of commercial bias and control of an ineligible company, as specified in the ACCME Standards for Integrity and Independence.
6. The activity includes an evaluation that is designed to assess changes in learners' competence, performance, or the impact on patient outcomes.

2. Accredited CME with Evaluation and Feedback

If CME activities meet the General Requirements (1-6) listed above for the Accredited CME Activity, they can offer MOC credits for the **ABIM**, **ABOHNS**, **ABS**, **ABP**, **ABOS**, and **ABTS** Boards if they incorporate individualized learner evaluation and feedback. This type of MOC is often called Part II and must incorporate the following requirements:

1. Inform learners about what they need to do to earn MOC credit, including participation in the evaluation component. This is sometimes referred to as the “participation threshold.”
2. Provide feedback to the learner about their engagement with the activity, and whether the learner met the requirements to earn MOC credit for the activity.

See [pages 11-12](#) for examples of evaluation types that can be used and how feedback can be given to learners.

3. Accredited CME Improvement Activity

NATIONAL QUALITY STRATEGY AIMS

- **Better Care:** Improve the overall quality of care, by making health care more patient-centered, reliable, accessible, and safe.
- **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

MOC that is classified as an Improvement Activity is designed to support the three Aims or six Priorities of the National Quality Strategy. This type of MOC is often called Part IV and can be submitted to the **ABIM**, **ABOHNS**, **ABPath**, and **ABTS** Boards. The MOC Improvement Activity must meet the General Requirements (1-6 listed on page 2) and the following requirements:

1. Address a quality or safety gap that is supported by a needs assessment or problem analysis, or supports the completion of such a needs assessment as part of the activity.
2. Have specific, measurable aim(s) for improvement.
3. Include interventions intended to result in improvement.
4. Include data collection and analysis of performance data to assess the impact of the interventions.
5. Define meaningful clinician participation in the activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.

NATIONAL QUALITY STRATEGY PRIORITIES

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

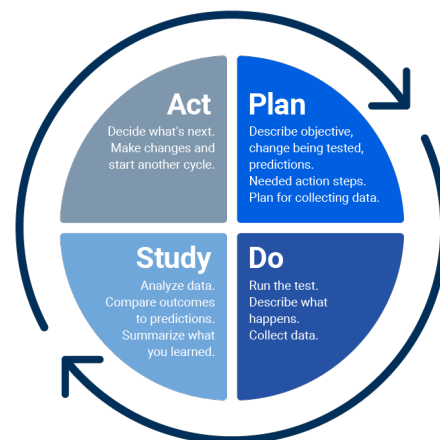
4. Accredited Patient Safety CME

An activity that is registered for one of the other MOC types (Accredited CME, Accredited CME with Evaluation and Feedback, Accredited CME Improvement Activity) may also be registered for Patient Safety for the **ABA**, **ABIM**, **ABOHNS**, and **ABTS** boards. However, no activity can be registered for Patient Safety alone. A Patient Safety CME activity must meet the General Requirements (1-6 listed on page 2) for Accredited CME and the following requirements:

1. Address at least one of the following topics:

a. Foundational knowledge:

- Epidemiology of error: should prepare physicians to discuss the key definitions that underpin current patient safety efforts.
- Fundamentals of patient safety improvement (plan, do study, act or PDSA): should engage physicians in a PDSA cycle focused on patient safety.
- Culture of safety: should identify the specific elements, (i.e., the beliefs, attitudes, and values about work and risks) that contribute to safety culture.



b. Prevention of adverse events (examples include, but are not limited to):

- Medication safety (e.g., medication reconciliation, safe use of analgesics and sedatives, identification and remediation of polypharmacy in the elderly)
- Prevention of healthcare acquired infections
- Falls prevention
- Teamwork and care coordination

CME WITH MOC APPLICATION REQUIREMENTS

When seeking approval for a CME with MOC Activity, the items that must be submitted are similar to those submitted for CME approval, but there are additional requirements that must be included. The items listed below should be submitted for an activity seeking approval for both CME and MOC.

1. CME with MOC Activity Application Form
2. Approval Fee
3. CVs or Resumes or Bios for each speaker
4. Faculty Disclosure Form for each person involved in planning, presenting, facilitating, or reviewing content
 - a. Mitigation Form if there are relevant financial relationships
5. Brochure/Announcement/Agenda for the activity
6. Learner Reporting Communication
7. Evaluation Form
8. Certificate
9. Letter(s) of Agreement if Commercial Support was received

Activity Application

An application is not considered complete, and approval cannot be finalized until all required materials are submitted.

Additional materials, instructions, and documents can be found on the Hanley Center Joint Providership webpage.

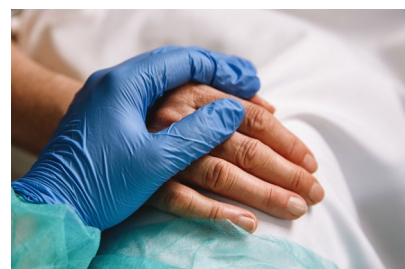
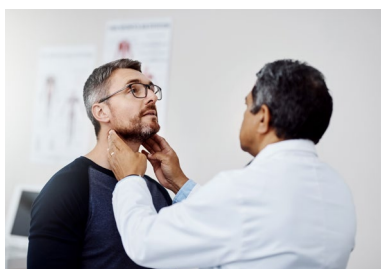
1. CME with MOC Activity Application Form

CONTINUING MEDICAL EDUCATION (CME) WITH MAINTENANCE OF CERTIFICATION (MOC)
ACTIVITY APPLICATION FORM

Name of Primary Contact:	
Email:	
Organization:	
Title of Activity:	
Date(s) of Activity:	
Location of Activity (City, Zip Code) if In-Person:	
What type of activity is this?	Activity Type (check all that apply):

The CME with MOC Activity Application Form can be downloaded from the [Hanley Center CME Activity Approval page](#).

The CME with MOC Activity Application Form will be submitted in place of the CME Activity Application Form. In addition to the questions asked on the CME Activity Application Form, this form requires information pertaining to the MOC Board and credit types for which the activity is seeking approval, including **Practice areas** which can be referenced on [page 8](#) and **Evaluation and Feedback** mechanisms which can be referenced on [pages 11-12](#).



2. Approval Fee

The approval fee for an activity that includes MOC is the cost of the CME approval plus \$400. The full [Hanley Center Activity Approval Fee Structure](#) can be found on the [Hanley Center Joint Providership webpage](#).

CME Application Type	Description	Fee
CME with MOC Offering up to 8 CME	Activity offers MOC along with up to 8 CME for a 1–2-day meeting. CME with MOC paperwork is required.	\$1000
CME with MOC 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. CME with MOC paperwork is required.	\$1200

Checks should be made payable to the Hanley Center for Health Leadership and Education. If a check is not received at the time of activity approval, an invoice will be sent containing instructions for payment. Payment may also be made by credit card.

3. CVs or Resumes or Bios for Speakers

Either a CV or a resume or a bio should be submitted for each speaker/presenter. See the [Hanley Center Guide to the CME Activity Approval Process](#) for more information.

4. Faculty Disclosure Forms

Faculty Disclosure Forms should be submitted for all individuals in control of content. See the [Hanley Center Guide to the CME Activity Approval Process](#) for more information on Faculty Disclosure Forms and mitigation. A [Faculty Disclosure Form](#) can be downloaded from the [Hanley Center Joint Providership webpage](#).

5. Brochure/Announcement/Agenda

Materials that are intended for learners of CME with MOC activities must contain the following:

- Joint Providership Statement
- AMA Credit Designation Statement
- Opioid Prescribing Education Statement, if applicable
- MOC Recognition Statement

Accredited and Joint Providers must communicate to their learners that the activity has been registered to offer MOC credit, including which certifying board, how many points and which credit types. A document that would be shared with learners prior to their engagement with the activity, such as a brochure, announcement, or agenda, that includes the recognition statement must be submitted as part of the activity approval application. All statements are reviewed for accuracy. MOC Recognition Statements and links to Communication Badges can be found on [pages 9-10](#).

6. Learner Reporting Communication

Prior to the start of the activity, learners must be informed that the MOC credits they earn will be shared with their Board.

This communication can be made in a variety of ways and must be submitted with approval materials.

- Agenda
- Brochure
- Email or Flyer Announcement
- Slide at the beginning of a presentation
- Sign-in sheet

7. Evaluation Form

Like promotional materials, evaluation forms must also include the following statements:

- Joint Providership Statement
- AMA Credit Designation Statement
- Opioid Prescribing Education Statement, if applicable
- MOC Recognition Statement

In addition, the evaluation form will need to gather the following learner information for the purposes of reporting MOC credits earned.

- Full Name (First and Last)
- Date of Birth (MM/DD)
- Certifying Board
- Certifying Board ID
- Permission to share their credits earned with their Board

See [pages 9-10](#) for the corresponding MOC Recognition Statement to include in the evaluation. The additional required statements can be found in the [Statements for Materials – Joint Providers](#) document on the [Hanley Center Joint Providership webpage](#). The Hanley Center webpage also has further information regarding evaluations for CME, including generic templates that can be modified for use.

8. Certificate

The application materials must include a certificate template that will be distributed to individual learners. The template must include the following statements:

- Joint Providership Statement
- AMA Credit Designation Statement
- Opioid Prescribing Education Statement, if applicable
- MOC Recognition Statement

An individualized certificate template can be downloaded from the [Hanley Center Joint Providership webpage](#) and modified for your use. This template does not contain the MOC Recognition Statement which will need to be added prior to submission. The Opioid Prescribing Education Statement can be removed from the certificate if it does not apply to the activity.

See [pages 9-10](#) for the corresponding MOC Recognition Statement to include on the certificate. The additional required statements listed above can be found in the [Statements for Materials – Joint Providers](#) document on the [Hanley Center Joint Providership webpage](#).

9. Commercial Support Letter(s) of Agreement

If an ineligible company is providing commercial support for the activity, completed, signed letters of agreement need to be submitted with the application. See the [Hanley Center Guide to the CME Activity Approval Process](#) for more information on Commercial Support. A Hanley Center Commercial Support Letter of Agreement can be downloaded from the [Hanley Center Joint Providership webpage](#).



PRACTICE AREAS

Each board requests that activities registered for their program be associated with the most applicable practice area(s) the activity covers. Activities that are advertised as “board review” or “board preparation” may not be registered for MOC. The following lists identify the practice areas for each certifying board. The Practice Area will need to be indicated on the CME with MOC Activity Application Form.

American Board of Anesthesiology (ABA) Practice Areas

Ambulatory/Outpatient	Neuro Anesthesia	Regional Anesthesia/Acute Pain
Cardiac Anesthesia	Neurocritical Care	Sleep Medicine
Critical Care Medicine	Obstetric Anesthesia	Thoracic Anesthesia
General Operative Anesthesia	Pain Medicine	Trauma
Hospice and Palliative Medicine	Pediatric Anesthesia	

American Board of Otolaryngology – Head and Neck Surgery (ABOHNS) Practice Areas

Allergy	Otology	Sleep Medicine
Facial Plastic & Reconstructive Surgery	Rhinology	General Otolaryngology
Head & Neck	Neurotology	
Laryngology	Pediatric Otolaryngology	

American Board of Internal Medicine (ABIM) Practice Areas

Adolescent Medicine	Geriatric Medicine	Nephrology
Adult Congenital Heart Disease	Hematology	Neurocritical Care
Advanced Heart Failure and Transplant Cardiology	Hospice and Palliative Medicine	Pulmonary Disease
Cardiovascular Disease	Hospital Medicine	Rheumatology
Clinical Cardiac Electrophysiology	Infectious Disease	Sleep Medicine
Critical Care Medicine	Internal Medicine	Sports Medicine
Endocrinology, Diabetes, and Metabolism	Interventional Cardiology	Transplant Hepatology
Gastroenterology	Medical Oncology	

American Board of Pathology (ABPath) Practice Areas

All Practice Areas (e.g., ethics)	Forensic Pathology	Neuropathology (incl. Neuromuscular)
Blood Bank/Transfusion Medicine	GI (incl. Liver, Pancreatic, Biliary)	Patient Safety
Breast	Head & Neck/Oral	Pediatric Pathology
Cardiovascular	Hematology (Blood, BM)	Placenta
Chemical Pathology	Hematopathology (LN, Spleen)	Pulmonary, Mediastinum

American Board of Pediatrics (ABP) Practice Areas

Adolescent Medicine	Neurodevelopmental Disabilities	Pediatric Nephrology
Child Abuse Pediatrics	Pediatric Cardiology	Pediatric Neurology
Developmental-Behavioral Pediatrics	Pediatric Critical Care Medicine	Pediatric Pulmonology
General Pediatrics	Pediatric Emergency Medicine	Pediatric Rheumatology
Hospice & Palliative Medicine	Pediatric Endocrinology	Pediatric Transplant Hepatology
Hospital Medicine	Pediatric Gastroenterology	Sleep Medicine
Medical Toxicology	Pediatric Hematology-Oncology	Sports Medicine
Neonatal-Perinatal Medicine	Pediatric Infectious Diseases	Professionalism/Patient Safety/Other Skills

American Board of Surgery (ABS) Practice Areas

Complex General Surgical Oncology	Neurocritical Care	Vascular Surgery
Hand Surgery	Pediatric Surgery	General Surgery
Hospice & Palliative Medicine	Surgical Critical Care	

American Board of Orthopaedic Surgery (ABOS) Practice Areas

Adult Reconstruction	Orthopaedic Sports Medicine	Surgery of the Hand
Foot and Ankle	Orthopaedic Trauma	Surgery of the Spine
General Orthopaedics	Pediatric Orthopaedic Surgery	
Musculoskeletal Oncology	Shoulder and Elbow	

American Board of Thoracic Surgery (ABTS) Practice Areas

Adult Cardiac	Congenital Cardiac	Cardiovascular
General Thoracic	Critical Care	Non-Thoracic Surgery
Cardiothoracic		

RECOGNITION STATEMENTS

Each board has its own recognition statement to include in promotional materials, agenda, evaluations, and certificates. Many boards also have communication badges that can be downloaded and used to identify and promote CME activities that are registered for MOC. These Recognition Statements and links to the Communication Badges are included on the following pages. The Recognition Statements are required, but it is optional to include the Communication Badges.

American Board of Anesthesiology (ABA)

[ABA Communication Badge](#)

Recognition Statement for Accredited CME (Lifelong Learning):

Recognition Statement for Accredited CME with Patient Safety:

“This activity contributes to the CME component of the American Board of Anesthesiology’s redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0® requirements.”

“This activity offers up to xx CME credits, of which xx credits contribute to the patient safety CME component of the American Board of Anesthesiology’s redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0® requirements.”

American Board of Internal Medicine (ABIM)

[ABIM Communication Badge](#)

Recognition Statement for Accredited CME with Evaluation and Feedback (Medical Knowledge & Practice Assessment):

Recognition Statement for ABIM MOC activities that include Accredited Patient Safety CME:

“Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to [MOC point amount] MOC points in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.”

“Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to [MOC point amount] MOC points and patient safety MOC credit in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.”

American Board of Otolaryngology – Head and Neck Surgery (ABOHNS)

Recognition Statement for Accredited CME with Evaluation and Feedback (Self-Assessment), Accredited CME Improvement Activity (Improvement in Medical Practice), and Accredited Patient Safety CME:

“Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn their required annual part II self-assessment credit in the American Board of Otolaryngology – Head and Neck Surgery’s Continuing Certification program (formerly known as MOC). It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of recognizing participation.”

American Board of Pathology (ABPath)

[ABPath Communication Badge](#)

Recognition Statement for Accredited CME (Lifelong Learning) and Accredited CME Improvement Activity (Improvement in Medical Practice)

ABPath does not have a formal statement, however, providers must clearly indicate to learners that the activity has been registered to offer credit in the American Board of Pathology’s Continuing Certification program on activity materials. This language must include the specific credit type(s) (Lifelong Learning and/or Improvement in Medical Practice) and number of credits available.

American Board of Pediatrics (ABP)

[ABP Communication Badge](#)

Recognition Statement for Accredited CME with Evaluation and Feedback (Lifelong Learning & Self-Assessment):

“Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to [XX] MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.”

American Board of Surgery (ABS)

[ABS Communication Badge](#)

Recognition Statement for Accredited CME and Accredited CME with Evaluation and Feedback (Self-Assessment):

“Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME [and Self-Assessment requirements] of the American Board of Surgery’s Continuous Certification program. It is the CME activity provider’s responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit.”

Note: If the activity does not offer self-assessment, remove the [bracketed text].

American Board of Orthopaedic Surgery (ABOS)

Recognition Statement for Accredited CME and Accredited CME with Evaluation and Feedback (Self-Assessment Examination):

“Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME [and Self-Assessment Examination requirements] of the American Board of Orthopaedic Surgery’s Maintenance of Certification program. It is the CME activity provider’s responsibility to submit learner completion information to ACCME for the purpose of granting ABOS credit.”

American Board of Thoracic Surgery (ABTS)

Recognition Statement for all Credit Types:

“Successful completion of this CME activity[, which includes participation in the evaluation component,] enables the learner to earn credit toward the CME [and Self-Assessment/Patient Safety/Performance in Practice requirements] of the American Board of Thoracic Surgery’s Maintenance of Certification program. It is the CME activity provider’s responsibility to submit learner completion information to ACCME for the purpose of granting ABTS credit.”

Note: Include all Credit Types that apply to the activity. Remove the section about evaluation if the activity does not offer Self-Assessment or Performance in Practice credit.

EVALUATION AND FEEDBACK

One Credit Type of MOC is Evaluation and Feedback. Every activity that offers this type of credit, must have the following three components:

Component	Requirement	Expectation
Evaluation Mechanism	The evaluation assesses individual learner competence or performance.	<ul style="list-style-type: none"> The evaluation measures the competence or performance of the individual learner, not the activity. Evaluation methods should be able to identify individual learning (not anonymous).
Participation Threshold	The provider determines and communicates the participation threshold, also known as a passing standard, for the learner to earn MOC credit.	<ul style="list-style-type: none"> The participation threshold must be clearly communicated to the learner prior to engagement in the activity. The learner must meet the participation threshold set by the provider before credit is reported.
Feedback	Feedback is given to participants, identifying learner results with rationales for correct answers or attainment of applicable skill(s), and/or relevant citations where appropriate.	<ul style="list-style-type: none"> Evaluation of the learner and feedback to the learner must be completed before MOC credit may be awarded.

Source: CME for Maintenance of Certification Program Guide

If an activity is a regularly scheduled series, the evaluation may be conducted either at the session level or at the activity level (the conclusion of the entire activity).

There are many ways to conduct the evaluation of learning and provide feedback to learners. The type of evaluation and feedback should be chosen based on the format and objectives of the activity. The following chart provides examples of mechanisms that could be used to evaluate learning and provide feedback.

Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and the group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
Written Responses	Learners write down what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and best next steps for learners.
Audience Response System	Learners select answers to questions using the ARS. The ARS must be traceable to the individual.	Learners engage adequately with an acceptable number of attempts. Threshold set by provider.	Answer to each question is shared in dialog or writing, including rationale for correct answers with relevant citations.
Quiz	Learners complete answers to a quiz during or after an activity.	Percent of correct answers set by provider.	Best answer to each question is discussed or shared, including rationale for correct answers with relevant citations.
Table-top Exercise	Learners write down next steps in an evolving case at various set points.	Learner writes a possible next step to each question.	Best practice at each step is discussed or shared after each set point.
Simulation	Learners demonstrate strategy/skill in a simulated setting – role-play or formal simulation.	Learner participates in simulation as judged by a facilitator or observer.	Best practice or technique is discussed and shared throughout, or at the conclusion of the simulation.
Review of Manuscript	Learners provide constructive feedback on the manuscript according to the specifications of the journal.	Acceptable quality of the manuscript review is determined by the editor.	Editor provides feedback on the adequacy of the review to the learner.
Writing Test Items	Learners write test items that are evaluated by committee chair and peers.	Item quality is adequate as determined by committee chair.	Feedback is received from peers and committee chair throughout the writing process.
Learning from Teaching	Identification by the teacher (who is the learner in this instance) of knowledge gaps that need to be filled to teach the material.	A reflective evaluation by the teacher/learner identifying ways in which the knowledge gaps were filled.	Structured, documented feedback provided to teacher by a mentor or peer upon review of the gap and the identified learning.

Source: CME for Maintenance of Certification Program Guide

POST-ACTIVITY MATERIALS

The specialty boards expect learner credits to be reported no more than 30 days after learners complete the evaluation. The following items are required to be submitted to the Hanley Center within 30 days following the activity:

1. Post-CME Activity Report
2. Attendance Record
3. Physicians Claiming CME Spreadsheet
4. Evaluation Summary
5. Feedback Tool or Sample of Feedback
6. Proof of Disclosure to Learners
7. Commercial Support Materials, if applicable

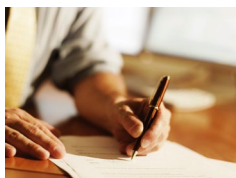
1. Post-CME Activity Report

This report will provide information regarding the number of physicians (MDs and DOs) and other learners that participated in the activity as well as income from registration fees, exhibitors, private donations and government grants related to the activity.

This form can be downloaded from the [Hanley Center Joint Providership webpage](#).

POST-CME ACTIVITY REPORT	
Please provide the following information regarding the CME activity:	
Title of Activity:	<input type="text"/>
Date(s) of Activity:	<input type="text"/>
Contact Person Name:	<input type="text"/>
Email:	<input type="text"/>
Attendees: <small>Please report all learners, not just those claiming CME</small>	Number of Physicians: <input type="text"/>
	Number of Other Learners: <input type="text"/>
Registration Fees <small>If this activity included a registration fee, please report the following:</small>	Total income from registration fees: <input type="text"/>
Advertising/Exhibitors <small>If this activity included advertising and/or exhibiting fees, please report the following:</small>	Total income from advertising and/or exhibitor fees: <input type="text"/>

2. Attendance Record



The attendance record should identify all individuals who participated in the activity, not just those who claimed CME or MOC. The attendance list should include physicians and non-physicians who participated. This list can be a copy of the sign in sheet(s), typed, or collected digitally.

3. Physicians Claiming CME Spreadsheet

This spreadsheet can be downloaded from the [Hanley Center Joint Providership webpage](#) and is utilized for the purposes of reporting CME and MOC credits earned. It must be submitted as a digital excel file with the post-activity materials. Individual learner information that is gathered from the evaluation will be entered into the spreadsheet.

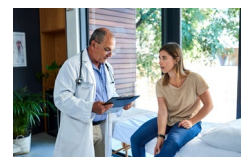
The following information will be included on the Physicians Claiming CME Spreadsheet to report MOC credit earned:

COMPLETION DATE
 FIRST NAME
 LAST NAME
 DATE OF BIRTH (MM/DD)
 CERTIFYING BOARD
 CERTIFYING BOARD ID
 TOTAL BOARD CREDITS
 CREDIT TYPE
 CREDITS AWARDED FOR CREDIT TYPE

- Columns C through I on the spreadsheet must be completed for all physicians claiming CME Credit from the activity who have given their approval on their evaluation form for the Hanley Center to report this information to all state allopathic and osteopathic licensing boards.
- Columns C - F and J - N must be completed to report physicians for MOC credits earned.
- More than one Credit Type can be reported in the Spreadsheet if multiple types are offered.
- Do not delete any columns in the spreadsheet even if they are unused.

4. Evaluation Summary

Copies of the completed evaluations or a summary of the evaluations must be submitted. Be sure that answers to the question “What changes will you make as a result of this activity?” are visible.



5. Feedback Tool or Sample of Feedback

If the activity is offering Accredited CME with Evaluation and Feedback, a copy of the feedback tool that was used or a sample of the feedback provided to learners must be submitted. Verification that each learner successfully met the minimum participation threshold should also be retained and available for submission if requested.

See the section on Evaluation and Feedback on [pages 11-12](#) for types of feedback that can be given.

6. Proof of Disclosure to Learners

Proof of the disclosure to learners regarding the presence and/or absence of relevant financial relationships must be submitted. This may be a slide(s) from a slideshow or sign-in sheet or agenda/brochure that contains the disclosure. The evidence must account for ALL individuals in control of content.

See pages 9-10 of the [Hanley Center Guide to the CME Activity Approval Process](#) for details on what to include in the disclosure to learners.

7. Commercial Support Materials

Commercial support materials only need to be submitted if the activity received commercial support from an ineligible company.

- **Commercial Support Tracker**
In this spreadsheet, the allocation of monies or the type of in-kind support received from commercial support will be reported. Keep in mind that these monies should be spent in accordance with Standard 4 of the [Standards for Integrity and Independence](#). The Commercial Support Tracker can be downloaded from the [Hanley Center CME Activity Approvals webpage](#).
- **Proof of Disclosure of Commercial Support to Learners**
The proof of disclosure of commercial support to learners may be presented in a slide from a slide show, sign-in sheet, part of the brochure/agenda, or a separate “thank you to our sponsors” document.

CONTACT INFORMATION

*Hanley Center for Health Leadership and
Education*

P.O. Box 190

Manchester, ME 04351

207-480-4186

eciccarelli@mainephysicians.org

<https://www.mainemed.com/>