



# Guide to the CME Activity Approval Process

## Hanley Center as the Accredited CME Provider

The Hanley Center for Health Leadership and Education is accredited by the Maine Medical Association’s Committee for Continuing Medical Education and Accreditation (CCMEA) to provide continuing medical education for physicians. The Hanley Center approves Continuing Medical Education activities for eligible companies, engaging in joint providership with those companies.

The Hanley Center abides by the Accreditation Council for Continuing Medical Education’s (ACCME’s) Core Criteria and Standards for Integrity and Independence and the American Medical Association’s (AMA’s) Credit System Requirements.

Activities approved by the Hanley Center provide *AMA PRA Category 1 Credit(s)*™ for MDs and DOs. Non-physician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit*™. However, documentation of participation may be issued to non-physicians that states that the activity was certified for *AMA PRA Category 1 Credit*™.

An eligible organization that wishes to participate as a joint provider with the Hanley Center to provide CME for physicians, must complete and submit all activity application materials, collect required materials during the approved activity, abide by the Standards for Integrity and Independence, and submit post-activity materials to the Hanley Center in a timely manner.

The Hanley Center approves live activities that take place either on the internet or in-person, enduring materials, and regularly scheduled series. Activities for MOC can also be approved for specific boards. In addition, the Hanley Center offers Faculty Credit for the development of original, live presentations.

## Eligible Companies

The Hanley Center may only engage in joint providership with eligible companies. An eligible company is one whose mission and function are to (1) provide clinical services directly to patients; or (2) provide education for healthcare professionals; or (3) other organizations that are not otherwise ineligible.

Examples of additional eligible organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms

- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

Organizations that wish to engage in Joint Providership with the Hanley Center must complete an Eligibility Application, which can be found on the Hanley Center [CME Activity Approval Program webpage](#).

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## CME Material Deadlines

### CME Application

**1 month before activity**—An application and all required supporting materials are due to the Hanley Center.

**Within 2 weeks of Activity**—If materials are submitted within two weeks of the activity, a late fee will be charged and there is a risk that the approval of the activity may not be finalized before the activity takes place and therefore may not receive CME approval.

**CME approval cannot be given after an activity has taken place.**

## Ineligible Companies


The MMET may not engage in joint providership with ineligible companies. These are companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Examples of ineligible organizations include, but are not limited to:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and supplements.
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

## Part 1: CME Activity Application

Activity approval requires the submission of multiple documents to collect information about the activity, ensure proper statements are being used, and that the Standards for Integrity and Independence are being upheld. Approvals cannot be completed without all of the required parts of the application.

	<b>CME Activity Application Checklist</b> Use this checklist to make sure you have included all the required pieces for the CME Activity Application Process.																				
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*There are many materials that must be collected, completed, and submitted for activity approval. An activity approval checklist is available for your use at the Hanley Center CME Activity Approval Program webpage. The checklist also includes a post-activity materials checklist. It is not required to submit the checklist with the activity materials.*

# 1. Joint Providership Agreement

Beginning January 2024, all organizations wishing to provide CME through Joint Providership with the Hanley Center must read, sign and submit a copy of the Joint Providership Agreement. Upon receipt of a signed copy, the Director of CME will also sign the agreement and return a copy.

This agreement only needs to be signed once and is active until either party wishes to terminate the agreement or until the Hanley Center revises the agreement and requests organizations to sign the revised agreement. Once a copy is on file, the agreement does not need to accompany CME Activity Applications.

Only one Joint Providership Agreement is necessary per organization even if multiple activities are offered and organized by various personnel within that organization.

# 2. CME Activity Approval Fees

The activity approval fee can be paid by either check or card. If an application is received without a check payment, an invoice will be sent and payment must be received before the activity approval is finalized.

The current fee schedule for activity approval is below. Live activities are either virtual and/or in-person events. Should approval not be completed due to any action or failure of action on the part of the joint provider, the Hanley Center will retain half of the approval fee. Please contact the Hanley Center CME Director with questions.

CME Activity Type	Number of CME Credits	Fee
Live Activity or Regularly Scheduled Series In-Person or Virtual	Up to 8 CME Credits	\$600
	Up to 16 CME	\$800
	More than 16 CME	\$1000
Enduring Materials	Enduring materials are self-paced educational materials. The fee can include the approval of up to 4 modules if submitted together. Enduring materials can be approved for a 3- year period.	\$600

CME Activity Additions	Description	Fee
CME with MOC	Maintenance of Certification credits (MOC) can be offered for specific specialty boards. To add MOC to any activity, add the following fee to the base fee for an activity. Requires submission of CME with MOC Activity Application and other applicable materials.	Add \$400
Enduring Materials from a Live Activity	Add the following fee to the base fee for an enduring material that is created from the recording of an approved live activity. Requires submission of materials for both the live activity and enduring materials. Enduring materials are approved for a 3-year period.	Add \$400

CME Activity Type	Description	Type	Fee
Faculty Development Credit	CME Credits for the creation of an original presentation. Awarded on a 4:1 ratio of credits to presentation time.	MMA Members	\$30
		Non-MMA Members	\$60

Fee Type	Description	Fee
Rush Fee	A rush fee will be assessed on applications received <b>within 2 weeks of an activity</b> (CME activity will not be approved without payment).	\$100

## Pre-Approval Marketing

Marketing your activity prior to CME approval is allowed; however, CME credit should **not** be mentioned.

Marketing material may **not** state, "Category 1 CME Credit is pending" or "Category 1 CME credit has been requested" or "has been applied for." Marketing materials may **not** include statements such as "8-hour educational meeting," which may mislead the learner to think CME has been awarded.

Marketing materials must be approved by the Hanley Center CME Director prior to distribution.

Checks should be made payable to the **Hanley Center for Health Leadership and Education** and sent to the following address:

Hanley Center for Health Leadership and Education  
c/o Elizabeth Ciccarelli  
PO Box 190  
Manchester, ME 04351

An invoice will be sent for credit card payments.



### 3. Hanley Center CME Activity Application

A **CME Activity Application Form** will need to be completed and submitted. The application can be downloaded from the [Hanley Center CME Activity Approval Program webpage](#). The application contains built-in tips for completing the questions.

Only one application needs to be completed per activity even if there are multiple presentations within the activity. If this is a large activity, summarize the main professional practice gaps and educational needs for the activity. Also, if there are many planners and speakers for the event, they may all be listed in the application, or an additional document may be submitted that identifies everyone in control of content.

If offering MOC with the CME Activity, complete the **CME with MOC Activity Application Form** instead of the CME Activity Application.

## CME CREDITS

1 Hour = 1 AMA PRA Category 1 Credit(s)<sup>™</sup>

15 Minutes = 0.25 AMA PRA Category 1 Credit

### List of Desirable Physician Attributes

The ACCME expects all activities to be designed to address desirable physician attributes. The CME Activity Application Form will require identifying which desirable physician attributes the activity will address. The list of desirable physician attributes is derived from those designated by the Institution of Medicine (IOM), the American Board of Medical Specialties (ABMS)/Accreditation Council of Continuing Graduate Medical Education (ACGME) Competencies and the Interprofessional Education Collaborative (IPEC). While many attributes may be related to the activity, choose 1-4 attributes that will be focused on during the activity.

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>Utilize informatics</b> – Communicate, manage knowledge, mitigate error, and support decision making using information technology.</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>

## Designed to Change

The ultimate goal of CME is to change physician behavior and patient outcomes. We expect that change in knowledge is implicit in our educational opportunities. Through implementation of the knowledge, we will change competence, performance, and/or patient outcomes. When considering objectives for the activity, those objectives should be stated in behavioral, measurable terms.

Designed to Change:	Learning Objective(s)	Measurement
<b>Competence</b> Physician has strategies to implement in practice	<i>Example: Use clear and consistent messaging and strategies to engage patients in managing healthy weight status.</i>	Self-reported on evaluation forms Post-test that requires application of strategies
<b>Performance</b> Physician can perform strategy in practice	<i>Example: Implement the maternal early warning sign tool to detect impending critical illness.</i>	Observation of physician performing the strategy
<b>Patient Outcomes</b>	<i>Example: Use of the method will reduce the surgical mortality rate.</i>	Comparison of pre-activity patient data and post-activity patient data

## Clinical Content Validation Policy

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care. The following must be true for all CME activities:

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

## Fair and Unbiased Planning and Presentation

The following methods must be used to ensure fair and unbiased planning and presentation:

1. Use of generic names. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names of single products.
2. Unless there is a product which has no comparable alternatives, the educational content should list all like products, including pros and cons.
3. Reference sources, ideally peer-reviewed journals, for any clinical recommendations.
4. All accredited continuing education will be free from marketing. No logos of ineligible companies are allowed in any educational materials.

## Standards for Integrity and Independence

The Standards for Integrity and Independence in Accredited Continuing Education have been designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

The Standards include:

**Standard 1: Ensure Content is Valid**

**Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education**

**Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships**

**Standard 4: Manage Commercial Support Appropriately**

**Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education**

More information about each standard can be found in the [Standards for Integrity and Independence](#)

## Formats

Activity formats should be strategically chosen to most effectively increase the competence of learners and deliver the content of the activity.

For instance, an activity that seeks to increase communication skills might include a role-playing simulation. Another activity to address disparities among socioeconomic groups might include a panel of speakers.

Also, consider how learners will engage with the content of the activity. Learners respond and retain information best when they are active participants in their own learning.

CME Activities must address and measure at least one of the following:

Competence—Knowing how to do something

Performance—Skills, abilities, or strategies implemented in practice

Patient Outcomes—the impact of the educational activity

## Activity Types

The Hanley Center is accredited by the CCMEA to provide continuing medical education to physicians and approves three main types of activities:

**Live Activities**—these can be either in-person, virtual, or hybrid. If the activity is hybrid, select both the “Live In-Person Activity” and “Live Internet Activity” options on the application.

Live Activities that will be offered multiple times throughout the year, delivering the same content to different organizations and groups of physicians, may be approved for a one-year time span and then will require an application to renew the activity with an additional approval fee.

**Regularly Scheduled Series**— live activities that occur on a regular basis, such as once a month or bi-weekly. These activities offer different content at each session but the activity is delivered to mostly the same group of learners.

**Enduring Materials**— activities that are self-paced and are most often accessed online. Enduring Materials are approved for up to a 3-year period. They may then be renewed through the submission of an application and approval fee after the content has been reviewed and updated as necessary.

A live activity may also be approved to be utilized as an enduring material, but additional materials are required for the approval of the enduring material (see page 12).

## What Counts for CME?

The ACCME’s definition of CME is as follows:

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.

The ACCME definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. Examples of topics that are included in the ACCME definition of CME content include:

- Clinical Topics
- Leadership Skills
- Communication Skills
- 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

## CE EDUCATOR’S TOOLKIT

The Society for Academic Continuing Medical Education (SACME) has produced a toolkit designed to help CE educators develop effective and engaging learning activities based on best educational practices.

The CE Educator’s Toolkit is available for free download on the [ACCME website](#).

## What Does Not Count for CME?

When determining the number of *AMA PRA Category 1 Credits™* the activity will offer, there are certain portions of a live activity that do not count towards these credits. These include, but are not limited to:

- Opening and Welcome Remarks
- Closing Remarks
- Musical Presentations or Tributes
- Award Presentations
- Breaks
- Meals
- Exhibitor Times

- Promotional Activities
- Activities targeted at non-physicians
- Committee Work

If a live learning activity takes place during a committee meeting, then that portion of the meeting may be certified for *AMA PRA Category 1 Credit™*. This would include addressing a subject that would meet the AMA/ACCME definition of CME if it were taught or learned in another format.

In addition, the Hanley Center is unable to approve activities for the teaching of medical students and residents. Approval for these types of activities must come from an ACGME or LCME accredited organization.

## Opioid Prescribing Education

According to Maine Public Law, Chapter 488, physicians are required to earn at least 3 CME Credits every two years from activities that address the prescription of opioid medication.

CME that qualifies for opioid prescribing education must seek to increase the competency of physicians in regard to prescribing opioids. Topics that would qualify for opioid CME may include, but are not limited to:

- Regulations on prescribing opioids
- Preventing overprescribing
- Deprescribing
- Treating opioid substance use disorder
- Accessing resources to address barriers to opioid use disorder treatment
- Identifying social determinants that can lead to disparities in OUD and/or recovery

The following question appears on the Application for Activity Approval:

**Is this activity CME on opioids, chronic pain, or opioid addiction or prescribing?**

Mark “yes” to have the activity considered for meeting the opioid CME requirements.

An activity that qualifies for opioid prescribing CME must include the **Opioid Prescribing Education Statement** on the agenda/brochure/promotional material, the evaluation, and the CME certificate. Be sure this statement is present on the documents submitted with the application and indicates the number of CME Credits for the portions of the activity that will address opioid medication education.

The CME Director will review the application and objectives and may request additional material to support the determination. When the activity is approved, the approval letter will indicate how many opioid prescribing CME Credits a physician may earn by completing the activity.

### Practice Gaps

A practice gap is the difference between current practice and best practice. When determining the practice gap for an activity, consider, what is it that physicians are not currently doing that they should be doing?

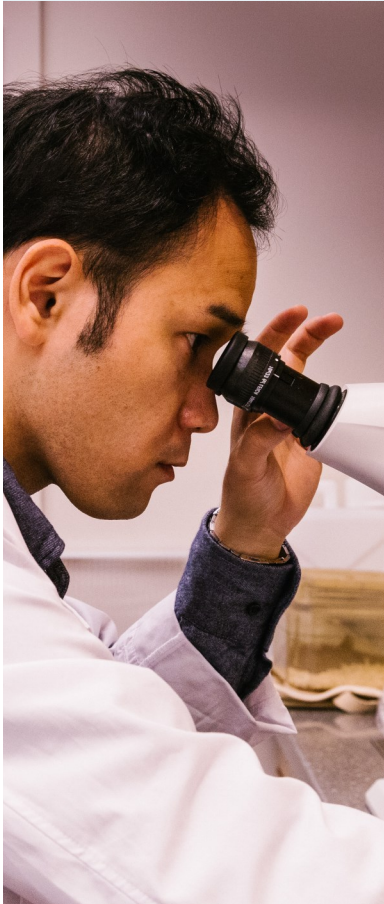
### Educational Needs

Educational Needs are based on the practice gaps. What do physicians need in order to move from current practice to best practice? Needs may be knowledge, competence, or performance-based. Often, educational needs are the objectives of the activity.

### Opioid Prescribing Education Statement

*This activity qualifies for [number of credits] credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine’s legislation to address the opioid drug crisis.*





## Non-Clinical Topics

Activities that address only non-clinical topics such as leadership, communication skills, or legal issues do not present the potential for bias and therefore do not need to submit the following:

- Hanley Center Faculty Disclosure Forms
- Proof of Disclosure of the presence or absence of relevant financial relationships to Learners

## 4. Speaker CVs or Resumes or Bios

In order to help ensure content validation, it is a policy of the Hanley Center to review CVs, Bios, OR Resumes from all speakers in an activity. These should be submitted along with the application materials. The speakers' credentials are reviewed to make sure they would be a knowledgeable and appropriate presenter for the topic.

## 5. Faculty Disclosure Forms

Faculty Disclosure Forms are the first step in safeguarding against commercial bias. In addition to collecting participants' financial relationships, the disclosure forms relay the Hanley Center's expectations about the education to activity planners and faculty.

All individuals in control of content for an activity must complete a Hanley Center **Faculty Disclosure Form**.

**Individuals in control of content:** Anyone who has the opportunity to affect the content (e.g., topics, specific content, or speakers) of a CME activity in any point in the planning or implementation process. Examples of individuals in control of content include, but are not limited to: the activity planning committee, content reviewers, panel moderators, CME coordinators, speakers.

Faculty disclosure forms for all persons in control of content must be submitted with the application. On the disclosure form, each individual will identify their role in the activity, list the objectives of their presentation if they are a speaker, and list all financial relationships they have had with ineligible companies within the last 24 months (e.g., consultant, grant recipient, stockholder, owner, employee, speaker, etc.). If they do not have financial relationships with ineligible companies, they will need to attest to this by marking the box that states they have not had any financial relationships with ineligible companies within the last 24 months. The form must be signed and dated. Electronic signatures are acceptable.

With respect to personal financial relationships, contracted research includes research funding where the institution gets the grant and manages the funds. When the person is the principal or named investigator on the grant, this relationship must be disclosed.

When the content of an activity is non-clinical, such as leadership training or communication skills, no disclosure forms are necessary.

## Relevant Financial Relationships

If an individual identifies a financial relationship on their faculty disclosure form, it is the responsibility of the planners to determine if it is a *relevant* financial relationship. **Please reach out to the Hanley Center CME Director for assistance with this step prior to submitting the application.**

Financial relationships are defined as relevant if all three of the following are true:

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

A disclosure is "not relevant" if the financial relationship is with an ineligible company that has products or services that are unrelated to the content of the CME activity (e.g., the activity is on cardiology and the financial relationship is with a company that only makes orthopedic devices) or if the financial relationship is with an eligible company as defined by the ACCME (e.g., consultant for an insurance company).

If a speaker identifies a financial relationship with an ineligible company and will be discussing a topic related to the conditions for which the company makes a device or drug, etc., the relationship is still deemed relevant even if they will not be directly discussing the product.

See the definitions and examples for eligible and ineligible companies on pages 1 and 2 for more details on the types of organizations that would deem a relationship relevant.



## 6. Mitigation Form

Each relevant financial relationship must be mitigated before the individual assumes their role. For this reason, it is extremely important to collect faculty disclosure forms from planners at the very beginning of the planning stages.

If a person has multiple roles in an activity, relevant financial relationships are mitigated appropriate to each role. A **Mitigation Form** must be completed and submitted with the application if relevant financial relationships exist. It is available for download on the [Hanley Center CME Activity Approval Program webpage](#). This form serves as documentation for the steps taken or that will be taken to mitigate each relationship. Remember that mitigation steps must be preventative measures taken prior to the individual assuming their role.

Please contact the Hanley Center CME Director if you have any questions about mitigating relevant financial relationships.

### Mitigation Methods for Planners

- Peer review of CME planning decisions by an individual with no relevant financial relationships
- Change in focus of the planner's contributions
- Limit the scope of the planner's involvement
- Sever the relationship with the ineligible company

### Mitigation Methods for Presenters or Moderators

- Peer review of educational content by an individual with no relevant financial relationships
- Change in topic of presentation
- Sever the relationship with the ineligible company

## Disclosure to Learners

In order to inform the audience that the activity was planned independently from the influence of ineligible companies and that the education they are about to receive will be disseminated free of commercial bias, they must be informed of the presence or absence of relevant financial relationships.

Disclosure of relevant financial relationships with ineligible companies for all individuals in control of content (e.g., planners, speakers, reviewers, etc.) must be made to learners prior to engagement with the educational content of the activity. **The Hanley Center requires submission of proof of disclosure to learners with post-activity materials**, but a plan must be in place for presenting this disclosure.

Disclosures can be made in one or more of the following ways:

- Presented in the syllabus/agenda
- Included on the beginning slide of a presentation
- On the landing page for an online material
- On a sign-in sheet

Consider the format of the activity when preparing the disclosures to ensure that all learners are presented with the disclosure and it is in a verifiable (written) format. Disclosures must be made even if no relevant financial relationships exist.

*Be sure to include ALL individuals in the disclosure to learners (not just the speakers)*

## Owners and Employees of Ineligible Companies

Owners or employees of ineligible companies are considered to have unresolvable financial relationships and **must be excluded** from participating as planners or faculty and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education except in the following limited circumstances.

- The content of the activity is not related to the business lines or products of their employer/company.
- The content of the activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
- They are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Owners also include those who own stock in a privately held company or are equity owners.



## INDIVIDUALS IN CONTROL OF CONTENT

Anyone who has the ability to affect the content of the CME at any point in the planning or implementation process.

This Includes:

Planners, Content Reviewers, Panel Moderators, Speakers, etc.



## WHY IS IT A GOOD IDEA TO APPLY EARLY FOR CME APPROVAL?

Applying early for CME allows for the advertisement of the activity with the AMA Credit Designation Statement and the Joint Providership Statement. Learners can know how many CME Credits they can earn from the activity and gives them enough advance notice to add it to their calendar.

Applying early also allows for more time to make any necessary corrections for approval

## Disclosure Statements

Disclosures must account for all individuals in control of content. Disclosures can be made collectively for a group of people or they can be made for individuals. See the [Template and Examples for Financial Relationship Disclosures](#) on the [Hanley Center CME Activity Approval Program webpage](#) for examples of disclosures and slides that can be shared with presenters to include in their presentations.

Disclosures should use the following wording:

### Nothing to Disclose:

If no one in control of content (including both planners and speakers) has anything to disclose, you may state the following:

*None of the planners or faculty for this educational activity have relevant financial relationships with ineligible companies to disclose.*

### Something to Disclose:

If planners and/or faculty have a relevant financial relationship(s), state the following:

#### Planners:

*The following planners have indicated relevant financial relationships with an ACCME-defined ineligible company:*

**[Planner name] is a [nature of relationship] for [name(s) of ineligible company].**

*All relevant financial relationships have been mitigated.*

*All others in control of content have no relevant financial relationships with ineligible companies.*

#### Faculty:

*The following faculty have indicated relevant financial relationships with an ACCME-defined ineligible company:*

**[Faculty name] is a [nature of relationship] for [name(s) of ineligible company].**

*All relevant financial relationships have been mitigated.*

*All others in control of content have no relevant financial relationships with ineligible companies.*

#### Activity Not Requiring Disclosures:

When the content of the activity is non-clinical (e.g., leadership development or communication skills training), there is no potential for any relevant financial relationships. The following statement may be used, if desired (but is not required):

*The content of the activity is not related to products or services of an ACCME-defined ineligible company; therefore no one in control of content has a relevant financial relationship to disclose.*

## Additional Resources for Meeting Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships Requirements

The [Standard 3 Flowchart](#) contains steps and helpful information for identifying, mitigating, and disclosing relevant financial relationships. It is color-coded and includes an overview of the steps as well as detailed information for each step in the flowchart.

The [Worksheet for the Identification](#)

[of Relevant Financial Relationships](#) was created by the ACCME to assist planners in appropriately mitigating relevant financial relationships.

Both documents can be found on the [Hanley Center CME Activity Approval Program webpage](#).

## 7. Commercial Support

Commercial Support is financial or in-kind grants or donations from an ineligible company such as a pharmaceutical or medical device manufacturer that supports the development or implementation of the educational activity. This is support that is beyond paying for an exhibitor table and includes funding a portion of the activity or defraying costs for all learners. Commercial support must be managed in accordance with **Standard 4 of the Standards for Integrity and Independence**.

**All commercial support from ineligible companies must have a signed letter of agreement that must be submitted with the activity approval.** Commercial support from eligible companies does not require a letter of agreement to be submitted.

Use the **Hanley Center Commercial Support Letter of Agreement** that can be found on the [Hanley Center CME Activity Approval Program webpage](#). The agreement must be submitted with signatures from the joint provider and the ineligible company. The letter outlines that the money from the commercial support will be used in keeping with Standard 4: Manage Commercial Support Appropriately:

1. The accredited provider must make all decisions regarding the receipt and disbursement of commercial support (the ineligible company cannot decide how the monies are spent).
2. Ineligible companies must not pay directly for any of the expenses related to the education of the learners,.
3. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
4. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
5. The accredited provider may use commercial support to defray or eliminate the cost of the education for *all* learners.

## Commercial Support Tracker

If Commercial Support is received, the joint provider must allocate for how the monies are spent on the **Commercial Support Tracker** spreadsheet and submit the tracker with the post-activity materials. The spreadsheet is available for download on the [Hanley Center CME Activity Approval Program Webpage](#).

## Commercial Support Disclosure to Learners

If commercial support is received from an ineligible company, this information must be disclosed to learners prior to their engagement with the educational content of the activity. The disclosure must include the name(s) of the ineligible company(ies) that gave the commercial support and the nature of the support if it was in-kind.

Disclosures and “Thank you to our sponsors” should never include the corporate or product logos, trade names, or product group messages of ineligible companies. Only the full, official name of the company should be given. This is not a concern for eligible companies (see pages 1 and 2).

Proof of the Disclosure of Commercial Support to Learners must be submitted with the post-activity materials. This disclosure should be in a verifiable (written) format. It may appear in a slide show, sign-in sheet, in the agenda, a poster, etc.

### Commercial Support vs. Exhibitors

Exhibitors are not considered commercial support. The payment they make for exhibiting space is considered advertising and does not require a letter of agreement to be submitted to the Hanley Center.

Also, no disclosure to learners is required for exhibitors.

If an exhibitor would like to give a demonstration and pays for that demonstration, this still does not qualify as commercial support. However, you will want to make sure that the demonstration and exhibitors are being managed in accordance with Standard 5 (see page 16).

When an exhibitor wants to pay for a portion of the educational activity beyond their exhibiting fee, though, they would be considered a commercial supporter. If the company is an ineligible company, a letter of agreement will be required, a disclosure will need to be made to learners, and a commercial support tracker must be submitted.



## AMA PRA CATEGORY 1 CREDIT(S)<sup>™</sup>

When referring to CME Credit in literature for learners, the entire phrase “AMA PRA Category 1 Credit(s)<sup>™</sup>” should be used and italicized.

### Enduring Materials from Live Activities

Live Activities can be recorded and used as enduring materials if they are approved for that purpose. Both the live activity and the enduring material must be approved. A recording of a live activity cannot be made and then offered for CME credit without prior approval as an enduring material. In addition, enduring materials cannot be distributed directly through email. They must have an ad-free platform from which they can be accessed. Links to the platform can then be distributed to potential learners.

The live activity and the enduring material can be approved in the same application packet. However, additional materials will be required for the enduring material approval. These include the Landing Page and separate certificates for the enduring material activity and the live activity portions.

## 8. Promotional Materials and Materials Intended for Learners

As part of the activity application packet, any promotional materials or agendas that will be distributed to learners must be submitted. This includes:

- *Brochure*
- *Agenda*
- *Website Advertising Page*
- *Landing Page for Enduring Material*
- *Any additional materials that identify speakers and/or objectives*

These materials and all materials intended for learners (including educational handouts and slideshows) must include the following Joint Providership Statement, being sure to replace the [name of nonaccredited provider] with the organization name:

### Joint Providership Statement

*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Hanley Center for Health Leadership and Education and [name of nonaccredited provider]. The Hanley Center for Health Leadership and Education is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.*

The AMA Credit Designation Statement and the Opioid Medication Education Statement (page 11) are also required on these materials. Keep in mind that materials that contain the AMA Credit Designation Statement may not be distributed to learners until the activity has been approved.

### Enduring Materials Landing Page Approval

For approval of an enduring material, a link to the landing page where learners will access the material or a pdf copy of what that landing page will look like when it is published must be submitted.

The Platform where the Enduring Material is hosted must be free from advertisement. For this reason, sites like YouTube are not appropriate platforms for CME Activities and cannot be approved.

The Landing Page for the Enduring Material must include the following:

- Joint Providership Statement
- AMA Credit Designation Statement
- Opioid Prescribing Education Statement (if applicable)
- Disclosure to Learners of the presence and/or absence of relevant financial relationships
- Bibliographic Resources for the learner to access for further research

***Enduring Materials can be available to learners for up to 3 years. At the end of the 3 years, the material can be reviewed for updated content, and a renewal application can be submitted to extend the material, if desired.***

## Regularly Scheduled Series Approval

A planned agenda as intended for learners that includes dates, speakers, and topics should be submitted for a Regularly Scheduled Series. The agenda should include the Joint Providership Statement, AMA Credit Designation Statement and Opioid Statement, if applicable.

## AMA Credit Designation Statement

The AMA Credit Designation Statement must appear on materials intended for learners including agendas, the evaluation, and CME Certificate. The statement may not appear on literature distributed to learners until the activity has been approved for CME.

Use the following statement:

*The Hanley Center for Health Leadership and Education designates this [activity type] for a maximum of [number of credits] AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

Replace [activity type] with either live activity, enduring material, or regularly scheduled series as applicable. Replace [number of credits] with the number of CME credits.

## Opioid Prescribing Education Statement

Physicians must earn 3 AMA PRA Category 1 Credits<sup>™</sup> in a two-year period on the prescribing of opioid medication. If the activity is designed to address opioid prescribing, the Opioid Medication Education Statement must be included on materials intended for learners including the agenda, evaluation, and CME Certificate.

Use the following statement, replacing [number of credits] with the number of applicable CME credits.

*This activity qualifies for [number of credits] credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine's legislation to address the opioid drug crisis.*

## 9. Evaluation Form

As part of the CME process, learner change activity must be collected. A blank evaluation form should be submitted with the application. The form may be tailored to meet the needs of the planners and the activity, but must include the following:

- Activity Title, Date(s), and Location (if in-person)
- Activity Objectives
- A question that asks learners to “list changes you plan to make in your practice as a result of this activity”
- Asks for contact information from learners including: Full Name; Credentials; Date of Birth (MM/DD); State of Licensure; License ID; email
- Asks learners if they grant permission for the Hanley Center to report CME Credit on their behalf to the Maine BOLIM and Maine Board of Osteopathic Licensure
- Asks learners to attest to completing the entire activity or claiming only a portion of the credits and the number of credits they claim
- Joint Providership Statement and AMA Credit Designation Statement
- Opioid Prescribing Education Statement (if applicable)

Many evaluations also ask for feedback regarding the speakers and the quality of the venue and audiovisuals. These are not required for CME approval but may be useful information for future activities and some speakers request this type of feedback.

Evaluation forms may be paper or digital. Copies of the forms or a summary of the evaluations must be included with the post-activity materials. A **Generic Evaluation Form** is available for download on the [Hanley Center CME Activity Approval Program webpage](#) and can be modified to fit the needs of the activity and updated with activity information.

A Regularly Scheduled Series should include an evaluation for each session of the series, reflecting the different dates and objectives.

A multi-day event may choose to use one evaluation for the entire event or multiple evaluations for different days and/or presentations.

### Amendments

When there is a change in topic or speaker for an event, which happens frequently in regularly scheduled series, an amendment should be submitted that includes the following as applicable:

- Updated Agenda
- New Speaker(s) CV/Bio/Resume
- New Speaker(s) Faculty Disclosure Form(s)
- New Evaluation (if title, date, or objectives changed)
- New CME Certificate (if title or date changed)





## 10. CME Certificate

It is the responsibility of the joint provider, not the Hanley Center, to award CME Certificates for the activity. Learners must complete an evaluation in order to receive a CME Certificate. This ensures that the necessary data on learner change, contact information including credentials, and the approval for the Hanley Center to report credits to CME Passport are collected.

### CERTIFICATES FOR REGULARLY SCHEDULED

A certificate for each session of a regularly scheduled series must be submitted with the application. Each certificate should indicate the date of the session and the title of the session. Certificates should be issued to learners after each session.

### CERTIFICATES FOR ENDURING MATERIALS

Be sure that the AMA Credit Designation Statement indicates "enduring material." Enduring material certificates should include a place holder for the completion date that will be filled in with the date the learner submits the evaluation for the activity.

When enduring materials are created from live activities, certificates should be submitted for both the live activity and the enduring material. If created from a regularly scheduled series, an enduring material certificate should be included for each session of the series.

**AMA PRA Category 1 Credits™ may only be awarded to MDs and DOs.**

Certificates must include the specific number of credits earned by an individual and therefore sent out on an individual basis.

A blank copy of the CME Certificate to be issued must be provided with the application materials. The Certificate must include the following:

- Activity Title, Date(s), and Location (if in-person)
- Space for Name of Individual
- Total number of CME Credits available for the activity
- Number of CMEs earned
- Joint Providership Statement
- AMA Credit Designation Statement
- Opioid Prescribing Education Statement (if applicable)

A CME Certificate Template is available for download from the [Hanley Center CME Activity Approval Program webpage](#) and can be modified for the activity. Alternatively, the joint provider may create their own CME Certificate.

Certificates may be emailed or mailed to individuals. Physicians are responsible for retaining their CME Certificate and providing the documentation to the Board of Licensure in Medicine or Board of Osteopathic Licensure if audited. Joint Providers and the Hanley Center should also keep a record of the credits claimed by each individual physician who participated in the activity. Encouraging physicians to allow the Hanley Center to report earned CME credits to [CME Passport](#) and to create their own CME Passport accounts can be beneficial to both planners and physicians.

The Hanley Center will report earned CME Credit on behalf of physicians with their permission. However, at this time, this reporting mechanism does not replace issuing certificates.

## Certificates for Non-Physicians

If a non-physician participant would like to claim the hours for the activity, they may be awarded a **Certificate of Participation**.

To award this certificate, the name of the participant and the amount of time they participated in the activity must be collected. The certificate will need to be issued on an individual basis. The information in the certificate is the same as the CME Certificate, with the exception of the AMA Credit Designation Statement. This statement should be replaced with the following statement, filling in each category with the appropriate information:

*The Hanley Center for Health Leadership and Education certifies that [name of non-physician participant] has participated in the live activity titled [title of activity] on [date]. This activity was designated for [number of credits] AMA PRA Category 1 Credits™.*

*[Name of non-physician participant] participated for [amount of time] hours.*

A Certificate of Participation does not need to be included with the application materials, but may be submitted if feedback is desired on the accuracy of the certificate. See the [Hanley Center CME Activity Approval Program webpage](#) for an example of a **Certificate of Participation**.

# Applying for MOC

As an accredited provider, the Hanley Center for Health Leadership and Education may approve activities for Maintenance of Certification Credits for the following specialty boards:

- American Board of Anesthesiology (ABA)
- American Board of Internal Medicine (ABIM)
- American Board of Orthopaedic Surgery (ABOS)
- 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 Thoracic Surgery (ABTS)

**Questions?**  
**Email Elizabeth Ciccarelli,**  
**Director of Continuing Medical**  
**Education at**  
**[eciccarelli@mainephysicians.org](mailto:eciccarelli@mainephysicians.org)**

If applying for CME with MOC, complete and submit the **CME with MOC Activity Application Form** instead of the CME Activity Application Form and consult the [Hanley Center Guide to the CME with MOC Application](#).

Each board has specific language for communicating their programs and requirements to physicians. The following table identifies the name of each board’s program, the different types of CME activities that can be registered for MOC, and the MOC credit types that may be approved. For more detailed information regarding each activity type, refer to the [CME for Maintenance of Certification Program Guide](#).

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 <sup>®</sup> - Maintenance of Certification in Anesthesiology Program <sup>®</sup>	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

## MOC - Accredited CME with Evaluation and Feedback

Based on the type of MOC activity, additional materials will be required for submission. Most often, the activity for MOC falls into the Accredited CME with Evaluation and Feedback category. For this category, the activities must do the following:

1. Inform learners about what they need to do to earn MOC credit, including 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.

Most often, the evaluation mechanism is a post-activity quiz, however, another method may be used. The [CME for Maintenance of Certification Program Guide](#) includes alternative methods for evaluating learners in Appendix A.

The evaluation mechanism should be submitted for approval with the application materials.

### Participation Threshold

This is most often the score that learners must receive or the number of questions learners must answer correctly on a post-activity quiz to earn MOC.

More generally, the participation threshold is the passing standard for a learner to earn MOC credit.

The participation threshold is determined by the activity planners and is dependent upon the type of evaluation mechanism used.

## Providing Feedback to Learners for MOC

Feedback to the individual learner is required in the Accredited CME with Evaluation and Feedback category. This includes identifying learner results with rationales for correct answers or attainment of applicable skills, or other relevant feedback as appropriate to the evaluation mechanism.



## MOC Statement and Badges

Once approved, the MOC Statement should appear on all activity materials and brochures distributed to learners. Most of the boards provide CME for MOC badges, trademarks, and/or logos that may be used to market activity materials. Statements to use and links to the badges for each specialty board are found in the [CME for Maintenance of Certification Program Guide](#).

**When submitting the Promotional Materials, agendas, and the evaluation form for approval, ensure that the MOC Statement is included.**

## Reporting MOC Credits

The Hanley Center for Health Leadership and Education will report the MOC credits earned by learners through the Program and Activity Reporting System (PARS). This information is expected to be reported within 30 days of the learner engaging in the activity and completing the MOC requirements. Timely submission of post-activity materials will ensure this deadline is met.

In order to report MOC Credit, **the date of birth and Board ID number will need to be collected from each attendee requesting MOC Credit.** It may be collected at sign-in, registration, on evaluations, or quizzes. **This information will need to be submitted with the post-activity materials** and can be submitted on the **Physicians Claiming CME Spreadsheet** available for download on the [Hanley Center CME Activity Approval Program webpage](#).

## CME Passport

CME Passport is an online database with two main functions:

1. Allows learners to search for CME and MOC activities.
2. Allows physicians to keep track of CME credits earned from activities offered by participating providers.

The Hanley Center is a participating provider and requires joint providers to ask physician learners for permission to report their earned CME credits to the CME Passport system.

Joint Providers may use the CME Provider Passport Mark available for [download](#), on their CME Activity materials and the statement below to let learners know that their credits may be reported.

“The CME credits that physicians earn from this activity will be submitted to ACCME’s CME Passport, a free, centralized web application where you can create a personalized account to view, track, and generate transcripts of your reported CME credit. Visit [www.cmepassport.org](http://www.cmepassport.org) to create your account.”

## Application Submission

Once all materials have been prepared and collected, the activity application packet may be emailed to Elizabeth Ciccarelli, Director of CME, at [eciccarelli@mainephysicians.org](mailto:eciccarelli@mainephysicians.org). Please submit the application in a zip folder or pdf with bookmarks.

The final CME activity approval application packet should contain:

1. Payment (or an invoice will be sent)
2. CME Activity Application Form
3. CVs/Resumes/Bios for Speakers
4. Hanley Center Faculty Disclosure Forms for all individuals
5. Mitigation Form (if applicable)
6. Hanley Center Commercial Support Letter(s) of Agreement (if applicable)

7. Promotional Materials: Brochure/Agenda/Materials Intended for Learners
8. Evaluation Form
9. CME Certificate
10. Evaluation Mechanism if applying for MOC

For Faculty Disclosure Forms, please label each file with the last name of the individual. For example: *Ciccarelli—Faculty Disclosure Form*

For larger activities, a link to a dropbox, google folder, or share-file may also be sent to the email address above.



## Activity Approval

The CME Director will review the activity application packet and may reach out to the primary contact for revised documents or additional materials as necessary.

Once all materials are satisfactory and complete, a Letter of Approval will be emailed to the primary contact for the activity. Upon receiving the letter, the activity may be advertised to learners with the *AMA PRA Category 1 Credit(s)<sup>™</sup>* and the Joint Providership Statement.

The Letter of Approval will also include a list of materials required for submission following the activity. These post-CME activity materials may vary depending on the type of activity, the longevity of the activity, or the materials that were submitted with the application.

## PART 2: During the Activity

There are a few things to collect during the activity that will be required for post-activity submission. There are also some regulations to consider in regards to exhibitors and other ancillary activities that might be offered during the event.

### Attendance

A record of participants needs to be collected at the activity. This may come from a sign-in sheet if the activity is in-person or may require an alternative method if the activity is virtual.

Following the activity, the number of physicians (MDs and DOs) and the number of others who attended the event will need to be reported. For this reason, credentials should be collected for an accurate report.

Attendance should be collected and reported for each session in a series.

For a multi-session event, the planner may choose to collect attendance once for the event or at each session.

For a multi-day event, attendance should be collected each day of the event at minimum.

### Disclosure to Learners

Make sure that the disclosure to learners regarding the presence and/or absence of relevant financial relationships is made during the activity. This should be in a verifiable form (written is best!) and account for ALL individuals in control of content (planners, speakers, moderators, content reviewers, etc.). (See [page 10](#))

If the activity had commercial support, also make sure that the commercial support disclosure is given to learners, in writing. (See [page 11](#))

Evidence for the disclosure to learners will need to be provided with the post-activity materials.

### Evaluation Form

Distribute the evaluation form to learners either on paper or digitally. If a digital evaluation form is used, let learners know how long the form will remain open to collect their responses and consider sending a reminder to complete the form. Learners must complete the evaluation form to earn a CME Certificate or Certificate of Participation.

Joint Providers are encouraged to review completed evaluations and analyze the effectiveness of their program in changing learner competence and meeting the objectives.



#### Individuals in Control of Content

**Planners**—Choose topics and speakers (those who only deal with logistics are not considered planners who are “in control of content” and do not require faculty disclosure forms or to be included in the disclosure to learners)

**Presenters**—Those who are speaking and/or preparing the presentation (includes panelists and those who create poster presentations)

**Moderators**—Ask planned questions during the presentation or act as a neutral participant in a discussion

**Reviewers**—Look over content prior to the educational activity for bias and content validity. Reviewers must not have any relevant financial relationships.

## ANCILLARY

Support to the primary activity.

Examples: Exhibitors or a presentation not for CME



### HOW LONG SHOULD CME ACTIVITY AND ATTENDANCE RECORDS BE KEPT?

Activity and Attendance Records should be kept on file for a minimum of 6 years. The MMET also keeps these records for the same period of time.

## Managing Ancillary Activities

When ancillary activities are offered in conjunction with accredited continuing education, additional steps must be taken to ensure that learners can easily distinguish between accredited education and other activities.

Ancillary activities include exhibitors and presentations that are not for CME. These presentations may be from a faculty member who has unmitigated financial relationships (or did not turn in their faculty disclosure form) or may be promotional demonstrations from ineligible companies. When these activities are included at an activity with accredited CME, then the following must be in place:

### For Live Activities:

Ancillary activities must be separated by either:

**Time:** No approved CME presentations can take place 30 minutes before and 30 minutes after the non-CME activity for live or virtual activities.

OR

**Space:** The non-CME activity may not take place in the same space as the approved CME activities. For this reason, exhibitors should be located in a separate room from the educational activities. If the activity is virtual, additional links must be provided for learners to engage with exhibitors or promotions in a separate virtual space.

AND

Activities that are not approved for CME must be clearly labeled and communicated as such to learners. Agendas that include non-CME presentations should state “not for CME” or a similar phrase by the presentation.

### For Online Activities:

Learners must not be presented with marketing while engaged in the accredited education activity. They must be able to engage with the education without having to watch, listen to, or be presented with product promotion or product-specific advertisement.

### For All Activities:

Educational materials that are part of the accredited education (such as slides, handouts, evaluations, or disclosure information) must not contain any marketing produced by or for an ineligible company. This includes corporate or product logos, trade names, or product group messages.

Information that does not include educational content such as schedules and logistical information, may include marketing by or for an ineligible company.

**Proof of identifying activities for non-CME in an agenda may be required with the submission of Activity Approval materials, if applicable.**

## Part 3: Post-Activity Requirements

There is still work to be done after the activity! Certificates will need to be sent and additional, post-activity materials need to be submitted to the Maine Medical Education Trust.

It is the responsibility of the Joint Provider, not the Hanley Center, to send certificates to participants. CME certificates should be issued to physicians (MDs and DOs) and Certificates of Participation may be issued to non-physicians (all other health professionals).

Certificates may be sent via mail or email to participants but should be sent in a timely manner following the activity and completion of requirements.

# Post-CME Activity Materials

The following materials should be submitted after the activity:

## **1. Post-CME Activity Report Form**

The Post-CME Activity Report Form can be downloaded from the [Hanley Center CME Activity Approval Program Webpage](#). The number of physicians and non-physicians that attended the activity will be reported on the form. This should represent the total number of participants and not just those who claimed CME or requested Certificates of Participation.

The form will also require the total amount of money collected through registration fees, exhibiting fees, government grants, and private donations. The Hanley Center is responsible for reporting this information to the ACCME. Collected fees will be reported to the ACCME as a collective whole for the calendar year and not on an individual activity basis.

## **2. Attendance Record**

A list of all participants must be submitted for record keeping purposes. The list should include the full names of all attendees. This includes non-physicians and individuals who did not claim credit or hours from the activity and/or did not complete the evaluation.

## **3. Physicians Claiming CME Spreadsheet**

The MMET must maintain a record of the number of credits awarded to physicians for each activity. The **Physicians Claiming CME Spreadsheet** will be used for the purpose of retaining this record and reporting credits earned. It is available for download on the [Hanley Center CME Activity Approval Program Webpage](#).

- 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 state allopathic and osteopathic licensing boards.
- Include other learners who participated in the activity and any physicians who are claiming CME who did not agree to have their credits reported directly to the boards on the spreadsheet. List these individuals after those who agreed to have their credits reported and highlight these individuals in red to indicate that they should not be included in the report to the state licensing boards. For these learners, fill out columns C through E and I. For learners who are not MDs or DOs, the Number of CME Credits (column I) will reflect the number of hours they participated in the activity.
- The Physicians Claiming CME Spreadsheet should also be used to report physicians who claim MOC for an activity by completing columns C through F and J through N.

## **4. Evaluation Summary**

Either copies of all evaluations should be submitted or an evaluation summary. Please be sure that answers to the question “what changes will you make in your practice as a result of this activity” are visible.

## **5. Evidence of Disclosure to Learners**

Evidence 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.

## **6. Commercial Support Tracker** (if applicable)

The Commercial Support Tracker can be downloaded from the [Hanley Center CME Activity Approval Program webpage](#). 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. Only commercial support received from ineligible companies needs to be reported on the Commercial Support Tracker or disclosed to learners.

## **7. Evidence of Disclosure of Commercial Support to Learners** (if applicable)

The evidence of disclosure of commercial support to learners may be a slide from a slide show, sign-in sheet, part of the brochure/agenda, or a separate “thank you to our sponsors” document.

## Timeline for Submitting Post-Activity Materials

Post-Activity Materials should be submitted as soon as possible following a live activity. This timeframe may vary depending on how long a planner keeps online evaluation forms open or is able to collect financial information. A general rule of thumb is to have materials submitted by 45 days following the activity.

The CME Director requests post-activity materials on a quarterly basis from those joint providers who have not yet submitted materials.

All post-activity materials for the previous calendar year must be submitted by March of the subsequent year or upon request of the CME Director for End-of-Year Reporting purposes.

### Hanley Center for Health Leadership and Education

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## Post-Activity Materials Submission

The Post-CME Activity Materials should be submitted to [eciccarelli@mainephysicians.org](mailto:eciccarelli@mainephysicians.org). The submission should contain the following materials, as applicable, and numbered accordingly:

1. Post-Activity Report Form
2. Attendance List
3. Physicians Claiming CME Spreadsheet
4. Evaluations/Summary
5. Proof of Disclosure to Learners
6. Commercial Support Tracker (if applicable)
7. Proof of Disclosure to Learners of Commercial Support (if applicable)

***Post-Activity Materials for Regularly Scheduled Series should be submitted following each session of the series.***

***Post-Activity Materials for Enduring Materials should be submitted on a quarterly basis for timely learner credit reporting.***

***Submit in***

***April***

***July***

***October***

***January***

***For the months of***

***January, February, March***

***April, May, June***

***July, August, September***

***October, November, December***

***Enduring Materials need to submit Proof of Disclosure to Learners only once during the lifetime of the material.***

## Hanley Center for Health Leadership and Education

The **purpose and mission** of the Hanley Center's CME program shall be to directly and jointly provide, organize and conduct programs and related educational undertakings whose primary purpose and objectives are the improvement and upgrading of medical practice through education.

The Hanley Center for Health Leadership and Education recognizes the need for educational activities that promote, maintain and develop the skills and professional performance of the physician. The MMET strives to enhance the overall awareness, effectiveness and quality of education to physicians and fosters physician participation in the learning process.

The purpose of the CME program is to enhance the knowledge and skills of Maine physicians, to assist health care providers in advancing in their chosen specialty while adapting to patient needs, changing markets, and products and to cope with professional issues inherent to the ever changing health care system.

The continuing medical education programs of the Hanley Center are primarily lecture series and seminars and are designed for physicians, office managers, hospital administrative personnel and other health care practitioners and their office staff.