

CONTINUING MEDICAL EDUCATION Activity Materials Requirements

Drafts of ALL activity materials must be submitted and approved prior to printing and distribution. The CME staff will make all efforts to review these materials as quickly as possible. However, the materials will be reviewed on a first come, first served basis; if the materials contain CME related information, approval will not be granted until the activity is formally approved for CME credits. It is highly recommended that materials be submitted no less than two weeks prior to the printing deadline.

If advance authorization is not obtained from and there is an error in, or omission of, any of the required elements of the printed promotional materials, the CME Office may require the materials to be reprinted and disseminated with the corrections at the program's expense. Send proposed text and/or preliminary draft materials to your assigned CME coordinator for review and approval.

BROCHURES

Information to be included on your brochure:

- ◆ Date of activity
- ◆ Name of activity
- ◆ Target audience
- ◆ Course objectives / Overview
- ◆ Agenda
- ◆ Registration form information – name, degree, email address are required
- ◆ Learner assurance statement
- ◆ Accreditation statement (ACCME):
 - Directly Provided (University of Cincinnati Departments)
 - Jointly Provided (External Educational Partners)
- ◆ Designation statement (AMA)
- ◆ American Board of Medical Specialties Maintenance of Certification (MOC) II statement, *if applicable*
- ◆ *Optional, unless mandated in Letter of Agreement: Acknowledgement of commercial support, if applicable*
- ◆ *Optional, unless mandated in Letter of Agreement: Acknowledgement of exhibitor support, if applicable*

COURSE SYLLABUS

Information to be included on your syllabus:

- ◆ Date of activity
- ◆ Name of activity
- ◆ Agenda
- ◆ Course objectives
- ◆ Off-label disclosure statement
- ◆ Learner assurance statement
- ◆ Disclaimer statement

- ◆ Speaker & planning committee disclosures
(speaker, course director, all planning committee members including the UC Continuing Medical Education associate, and anyone else – writers, editors, etc., who can influence/control content)
- ◆ Accreditation statement (ACCME):
 - Directly Provided (University of Cincinnati Departments)
 - Jointly Provided (External Educational Partners)
- ◆ Designation statement (AMA)
- ◆ American Board of Medical Specialties Maintenance of Certification (MOC) II statement, *if applicable*
- ◆ Acknowledgement of commercial support, *if applicable*
- ◆ Acknowledgement of exhibitor support, *if applicable*
- ◆ *Optional:* Provided by the University of Cincinnati (UC approved branding/logo)

FRONT MATTER HANDOUT

The purpose of this handout is to inform your participants of any disclosures as they arrive for your activity. Remember, if a speaker has nothing to disclose, you must state “the speaker does not have anything to disclose” or “no relevant relationships.” *Information to be included on your handout:*

- ◆ Date of activity
- ◆ Name of activity
- ◆ Course objectives
- ◆ Off-label disclosure statement
- ◆ Learner assurance statement
- ◆ Disclaimer statement
- ◆ Speaker & planning committee disclosures
(speaker, course director, all planning committee members including the UC Continuing Medical Education associate, and anyone else – writers, editors, etc., who can influence/control content)
- ◆ Accreditation statement (ACCME):
 - Directly Provided (University of Cincinnati Departments)
 - Jointly Provided (External Educational Partners)
- ◆ Designation statement (AMA)
- ◆ American Board of Medical Specialties Maintenance of Certification (MOC) II statement, *if applicable*
- ◆ Acknowledgement of commercial support, *if applicable*
- ◆ Acknowledgement of exhibitor support, *if applicable*

PROMOTIONAL MATERIALS

Examples of promotional materials, but not limited to:

- ◆ Announcements
- ◆ Emails announcements
- ◆ Electronic posters/monitor boards
- ◆ Flyers
- ◆ Journal Advertisements

Information to be included on your promotional materials:

- ◆ Date of activity
- ◆ Name of activity
- ◆ Time of activity
- ◆ Location
- ◆ Target audience

- ◆ Accreditation & Designation Statement:
 - Directly Provided (University of Cincinnati Departments)
 - Jointly Provided (External Educational Partners)
- ◆ American Board of Medical Specialties Maintenance of Certification (MOC) II statement, *if applicable*
- ◆ *Optional*: Course objectives / Overview
- ◆ *Optional, unless mandated in Letter of Agreement*: Acknowledgement of commercial support, *if applicable*
- ◆ *Optional*: Provided by the University of Cincinnati (UC approved branding/logo)

SAVE-THE-DATES

“Such announcements contain only general preliminary information about the activity such as date, location and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.” - *per the ACCME*

No mention of CME Credits / AMA PRA Category 1 Credit(s)TM until the activity has been approved.

*The following information can **only** be included on Save-the-Dates:*

- ◆ Date of activity
- ◆ Name of activity
- ◆ Location

For a complete list of the statements required on activity materials, with the correct wording, please visit the following section on pages [6-10].

EVALUATIONS – LIVE, ENDURING, REGULARLY SCHEDULED SERIES (RSS) ACTIVITIES

Evaluations are very important and are required. They also help aid in the planning, execution and continuous improvement of high quality continuing medical education activities. Evaluations can be in any format (paper, smart phone apps, Survey Monkey, etc...)

Information to be included on your evaluation:

- ◆ Date of activity – *All activity formats*
- ◆ Name of activity – *All activity formats*
- ◆ Speaker(s) name – *All activity formats*
- ◆ Location of activity – *Live only*
- ◆ Course objectives – *All activity formats*
- ◆ Off-label disclosure statement – *RSS only*
- ◆ Learner assurance statement – *RSS only*
- ◆ Speaker & planning committee disclosures – *RSS only*
(speaker, course director, all planning committee members including the UC Continuing Medical Education associate, and anyone else – writers, editors, etc., who can influence/control content)
- ◆ Accreditation statement (ACCME): – *RSS activity formats*
 - Directly Provided (University of Cincinnati Departments)
 - Jointly Provided (External Educational Partners)
- ◆ Designation statement (AMA) – *RSS only*
- ◆ Acknowledgement of commercial support, *if applicable – RSS only*
- ◆ Acknowledgement of exhibitor support, *if applicable – RSS only*

The following questions are required (additional questions optional):

1. List the objectives:	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
2. Quality of speaker presentation: (list each speaker)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
3. What percentage of information presented in this activity will be of use to you?	<input type="checkbox"/> 0% <input type="checkbox"/> 20% <input type="checkbox"/> 40% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 100%
4. Number of patients with this condition you see per week:	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> 16 or more
5. Presentation was free from commercial bias:	<input type="checkbox"/> Yes <input type="checkbox"/> No Feedback: if “no” why?
6. Presentation was evidence-based:	<input type="checkbox"/> Yes <input type="checkbox"/> No Feedback: if “no” why?
7. Presentation was balanced:	<input type="checkbox"/> Yes <input type="checkbox"/> No Feedback: if “no” why?
8. Probability of changing practice due to this presentation:	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> No change necessary

DISCLOSURE INFORMATION – PHYSICIAN REVIEWER & CME OFFICE STAFF

The information listed below contains the required statements/information that must be included on activity materials.

Please remember ALL activity materials must be submitted to the CME Office for review and approval prior to printing and distribution.

CME credit may not be mentioned until the activity has been approved.

DISCLOSURES OF RELATIONSHIPS IN COMMERCIAL INTEREST

In accordance with the ACCME Standards for Commercial Support, the speakers for this course have been asked to disclose to planners and participants the existence of any financial interest and/or relationship(s) (e.g., paid speaker, employee, paid consultant on a board and/or committee for a commercial company) that would potentially affect the objectivity of his/her presentation or whose products or services may be mentioned during their presentation.

The following disclosures were made:

List ALL planning committee members' (including the CME office compliance coordinator, speakers', and program director's disclosures. If Dr. Gebhardt reviews a speaker's slides, please add his disclosure as well.

University of Cincinnati Physician Reviewer Disclosure Information:

Bruce Gebhardt, MD – No Relevant Relationships
Professor of Clinical, Physician Reviewer
Department of Family & Community Medicine
University of Cincinnati College of Medicine

University of Cincinnati CME Office Disclosure Information: (Select the applicable CME Office associate only.)

Brandon Armstrong – Compliance – No Relevant Relationships
CME Program Coordinator – Regularly Scheduled Series Activities
Office of Continuing Medical Education
University of Cincinnati

Barb Forney – Compliance – No Relevant Relationships
CME Program Manager – Live & Enduring Activities
Office of Continuing Medical Education
University of Cincinnati

Jennifer Holzberger – Compliance – No Relevant Relationships
CME Program Coordinator – Live & MOC IV Activities
Office of Continuing Medical Education
University of Cincinnati

Heather Muskopf – Compliance – No Relevant Relationships
CME Program Manager – Live & Enduring Activities
Office of Continuing Medical Education
University of Cincinnati

Susan P. Tyler, MEd., CMP, CHCP, FACEHP - No Relevant Relationships
CME Director
Office of Continuing Medical Education
University of Cincinnati

REQUIRED STATEMENTS WITH CORRECT WORDING

ACCREDITATION & DESIGNATION STATEMENT

Accreditation & Designation Statements for Directly Provided Activity

(Univ. of Cincinnati & Co-Sponsored Activities)

The University of Cincinnati is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Cincinnati designates this **[insert learning format*]** activity for a maximum of **[insert number of credits]** *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation & Designation Statements for Jointly Provided Activity

(External Educational Partners)

*The ACCME defines joint providership as the providership of a CME activity by **one accredited** and **one nonaccredited** organization. Therefore, ACCME accredited providers that plan and present one or more activities with non-ACCME accredited providers are engaging in joint providership. (ACCME Requirements – Page 16)*

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 University of Cincinnati and **[insert educational partners]**. The University of Cincinnati is accredited by the ACCME to provide continuing medical education for physicians.

The University of Cincinnati designates this **[insert learning format*]** activity for a maximum of **[insert number of credits]** *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement for “Co-Sponsored” Activity - when UC is acting as the accreditor

(External Educational Partners)

*There is no “co-providership” accreditation statement. If **two or more accredited providers are working in collaboration** on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the **directly provided** activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME-accredited providers in their CME activities. (ACCME Requirements – Page 11)*

These following statements may be used to clarify and inform learners when both organizations are ACCME-accredited providers. This statement may be used before or after the standard accreditation and designation statements (directly provided) in brochures, handouts, other printed materials, slides, signage, etc.

The University of Cincinnati and **[name of accredited provider collaborator]** are both accredited by the ACCME to provide continuing medical education for physicians, and have collaborated to design and execute this **[learning format]**.

For accreditation purposes, the University of Cincinnati is responsible for certification and documentation of attendance for this activity.

*AMA Learning Format Options	
<ul style="list-style-type: none"> • Live • Enduring Material • Manuscript Review • PI CME 	<ul style="list-style-type: none"> • Journal-Based CME • Test-Item Writing • Internet Point-of-Care • Other Activity**
<p>**Certified CME activities that do not fit within one of the established format categories must identify the learning format as “Other activity”, followed by a short description of the activity in parentheses, in both the AMA Credit Designation Statement and on documentation provided to learners (certificates, transcripts, etc.)</p>	

COMMERCIAL SUPPORT ACKNOWLEDGEMENT STATEMENT

Letter of Agreements MUST go through the CME Office.

You are only authorized to acknowledge commercial supporters if:

1. Letter of Agreement has been fully executed.
2. Letter of Agreement is in the CME Office or Legal Department for review/signature.
3. Letter from the commercial supporter has been sent to the CME Office stating that they will support the program and that a Letter of Agreement is forthcoming.

Please list **ALL** the commercial supporters.

“We gratefully acknowledge the following company(ies) for their educational grant(s) in support of this educational activity.”

EXHIBITOR SUPPORT ACKNOWLEDGEMENT STATEMENT

Please list **ALL** the exhibitors.

“We gratefully acknowledge the following exhibitor(s) in support of this educational activity.”

DISCLAIMER STATEMENT

The opinions expressed during the live activity are those of the faculty and do not necessarily represent the views of the University of Cincinnati. The information is presented for the purpose of advancing the attendees’ professional development.

FACULTY DISCLOSURE DECLARATION

According to the disclosure policy of the University of Cincinnati College of Medicine, all faculty, planning committee members, and other individuals who are in a position to control content are required to disclose any relevant relationships with any commercial interest related to this activity. All educational materials are reviewed for fair balance, scientific objectivity and levels of evidence. Disclosure will be made at the time of activity.

LEARNER ASSURANCE STATEMENT

The University of Cincinnati is committed to resolving all conflicts of interest issues that could arise as a result of prospective faculty members’ relationships with drug or device manufacturer(s). The University of Cincinnati is committed to retaining only those speakers with financial interests that can be reconciled with the goals and educational integrity of the CME activity.

OFF-LABEL DISCLOSURE STATEMENT

Faculty members are required to inform the audience when they are discussing off-label, unapproved uses of devices and drugs. Physicians should consult full prescribing information before using any product mentioned during this educational activity.

MAINTENANCE OF CERTIFICATION PART II REQUIRED STATEMENTS

When an activity is approved for American Board of Medical Specialties Maintenance of Certification Part II, the following statements must be included in the activity materials.

THE AMERICAN BOARD OF ANESTHESIOLOGY (ABA MOCA® 2.0)

When promoting **Category 1 CME** and **patient safety** activities, the following language must appear on all electronic or print promotional materials.

Maintenance of Certification in Anesthesiology™ program and MOCA® are registered trademarks of The American Board of Anesthesiology®.

This activity offers up to **XX** CME credits, of which **XX** credits contribute 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.

When promoting **patient safety activities only**, this language must appear on all electronic or print promotional materials.

Maintenance of Certification in Anesthesiology™ program and MOCA® are registered trademarks of The American Board of Anesthesiology®.

This activity contributes to the patient safety CME requirement for the CME component of the American Board of Anesthesiology's (ABA) 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.

THE AMERICAN BOARD OF INTERNAL MEDICINE® (ABIM)

The ABIM MOC Recognition language must appear on all electronic or print promotional materials.
(Medical Knowledge Only)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to **XX** MOC point(s) in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

The ABIM MOC Recognition language must appear on all electronic or print promotional materials.
(Medical Knowledge and Patient Safety)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to **XX** MOC point(s) and **XX** patient safety MOC credit in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

THE AMERICAN BOARD OF OPHTHALMOLOGY® (ABO)

The ABO MOC Recognition language must appear on all electronic or print promotional materials.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to satisfy the Lifelong Learning, Self-Assessment, and Improvement in Medical Practice and/or Patient Safety requirements for the American Board of Ophthalmology'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 MOC credit

THE AMERICAN BOARD OF OTOLARYNGOLOGY® (ABOHNS)

The ABOHNS MOC Recognition language must appear on all electronic or print promotional materials.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to meet the expectations of the American Board of Otolaryngology's Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of recognizing participation.

THE AMERICAN BOARD OF PEDIATRICS® (ABP)

The ABP MOC Recognition language must appear on all electronic or print promotional materials.

Successful completion of this CME activity, which includes participation in the activity and individual assessment of and feedback to the learner, 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.

THE AMERICAN BOARD OF PATHOLOGY® (ABPath)

The ABPath MOC Recognition language must appear on all electronic or print promotional materials.

This activity has been registered to offer credit in the American Board of Pathology's (ABPath) Maintenance of Certification program. Successful completion of this CME activity enables the participant to earn up to **XX** MOC points for Lifelong Learning (Part II).