



ASAM

American Society of
Addiction Medicine

ASAM's Joint Provider CME Program Handbook

- Instructions for Applying Educational Activities for ASAM's Joint Provider CME
- ASAM's Medical Education Council's Practice Gaps and Priority Topics
- ACCME's Standard for Integrity and Independence in Accredited Continuing Education
- ACCME's Definition of Relevant Financial Relationships
- ASAM's Relevant Financial Relationships Disclosure Form
- ASAM's CME Application
- Fees



ASAM has been awarded the highest level of Accreditation with Commendation by the Accreditation Council on Continuing Medical Education (ACCME). Accreditation in the ACCME System seeks to assure the medical community and the public that ASAM delivers education that is relevant to clinicians' needs, evidence-based, evaluated for its effectiveness, and independent of commercial influence.

Instructions for Applying Your Educational Activities to ASAM's Joint Provider CME Program

1. Planner Disclosure Forms

Per ACCME, each planner of the activity must complete the ASAM disclosure form. Submit all planner disclosure forms to CME@ASAM.org, 60-90 days prior to the submission of your CME application.

The ASAM CME Committee will review the disclosure forms to ensure there are not any relevant financial relationships related to the activity development. If there are not any conflicts with ACCME's Standards for Integrity and Independence, you will receive an email that you are approved to complete the CME application.

2. Filling out the CME Application

Submit your completed CME application form with all required supporting materials. The required supporting materials include:

- The agenda broken out by time. This calculates the number of CME that will be allotted to the activity
- The complete Faculty List and Planner List
- All completed Faculty Disclosure Forms
- The budget of expenses and income for the activity

3. ASAM CME Committee Review

The CME Committee will review the completed application within 2-3 weeks. Should the reviewer request additional documentation or clarification, ASAM staff will reach out to you by email.

4. CME Approval

Upon approval of your CME application, ASAM will send you the approval email with the following items and rules that must be adhered to before and during your activity:

- The required ACCME accreditation statement and the AMA credit designation statement. Both statements must be placed on the registration page, marketing materials, bottom of the agenda and the website.
- The disclosure listing. The disclosure listing should be available to learners prior to registration.
- Sample Disclosure Slide for the presentation. Each faculty that has a relevant financial relationship must disclose this in the slides before the activity begins with a statement that all relevant financial disclosures have been mitigated.
- Sample CME Evaluation. Each participant must fill out the CME evaluation prior to receiving their CME certificate. Those who do not complete the evaluation may not claim credit.
- Sample post test. If the activity is enduring or self-paced, it must include a posttest with 3 questions per 1 hour of CME. ASAM will send you an instruction guide on how to write posttest questions that meet the requirements of ACCME. If the activity is live, it does not require a posttest.
- Sample certificates for physicians and non-physicians.

5. Required Post Activity Reporting

Live activities are accredited for CME for the duration of the event. Enduring or self-paced activities are accredited for CME for 1 year. At the conclusion of the event, or at the end of the 1 year time-frame, you must submit the following:

- Final Program made available to the participants which lists the final agenda and the ACCME Accreditation and AMA Statements (attached)
- All program/educational marketing materials
- Tabulated evaluation and/or final report
- Total Attendance broken out by physician and non-physician numbers with final attendance list
- Faculty, activity planning committee, ASAM CME Committee reviewer disclosure listing



ASAM American Society of
Addiction Medicine

Medical Education Council Priority Topics

- Withdrawal Management
- Patient Engagement/Compliance
- Payment/Reimbursement
- Locating Local Patient Resources
- Educating Educators
- Professionalism – Stigma, Empathy, Talking to Patients
- Psychiatric Co-morbidities
- Alcohol Use Disorder
- Tobacco
- Working with Outside Systems/Organizations
- Reconciling Different Treatment Approaches
- Medical Marijuana/Legalization of Marijuana
- Pain and Addiction
- Practice/Time Management
- Addressing Professional Isolation
- Integration Strategies
- Safety Net Populations
- Parity
- How to Communicate With Local Media
- Academic Professional Development
- Brain-based Understanding of Addiction vs. Drug-based
- Provider Health and Burnout
- Career Options for Practice Settings in Addiction Medicine
- MOC



Accreditation CouncilTM
for Continuing Medical Education

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Standards for Integrity and Independence in Accredited Continuing Education

Released December 2020

Accrediting Bodies That Have Adopted the Standards

The Standards for Integrity and Independence in Accredited Continuing Education reflect the values of the continuing education community and have been adopted by six accrediting bodies representing multiple health professions. Independence from industry is the cornerstone of accredited continuing education. By achieving consensus on the Standards, these accrediting bodies in the health professions stand together, not only to continue to assure the delivery of high-quality learning experiences, but also to sustain the protection from industry bias and marketing that accreditation rules deliver. We invite additional accrediting bodies and regulators to consider adopting or endorsing the Standards. Please contact us at info@accme.org for more information.



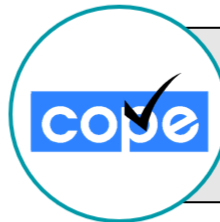
Accreditation Council for
Continuing Medical Education
(ACCME)



American Nurses Credentialing
Center (ANCC)



Accreditation Council for
Pharmacy Education (ACPE)



Association of Regulatory
Boards of Optometry's Council
on Optometric Practitioner
Education (ARBO/COPE)



American Academy of Family
Physicians (AAFP)



Joint Accreditation for
Interprofessional Continuing
Education™

Standards for Integrity and Independence in Accredited Continuing Education

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient's best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME[®]) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are 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.

Terms used for the first time are written in *blue italics*, followed by the definition for the term.

Eligibility

The ACCME is committed to ensuring that accredited continuing education (1) presents learners with only accurate, balanced, scientifically justified recommendations, and (2) protects learners from promotion, marketing, and commercial bias. To that end, the ACCME has established the following guidance on the types of organizations that may be eligible to be accredited in the ACCME System. The ACCME, in its sole discretion, determines which organizations are awarded ACCME accreditation.

Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (*eligible organizations*) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such 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
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

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

Companies that are ineligible to be accredited in the ACCME System (*ineligible companies*) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- 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 dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Owners and Employees of Ineligible Companies

The *owners* and *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 limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in **joint providership** with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education.

The ACCME determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

Standard 1: Ensure Content is Valid

Standard 1 applies to all accredited continuing education.

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

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.

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

Standard 2 applies to all accredited continuing education.

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

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

Standard 3 applies to all accredited continuing education.

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying **relevant financial relationships** between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

Accredited providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.

1. **Collect information:** Collect information from all planners, faculty, and others in control of educational content about **all** their financial relationships with ineligible companies within the prior **24** months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.
Disclosure information must include:
 - a. The name of the ineligible company with which the person has a financial relationship.
 - b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. **Exclude owners or employees of ineligible companies:** Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
 - a. When the content of the activity is not related to the business lines or products of their employer/company.
 - b. When the content of the accredited 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.
 - c. When 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.
3. **Identify relevant financial relationships:** Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
4. **Mitigate relevant financial relationships:** Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
 - a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
 - b. Document the steps taken to mitigate relevant financial relationships.

5. **Disclose all relevant financial relationships to learners:** Disclosure to learners must include each of the following:
- The names of the individuals with relevant financial relationships.
 - The names of the ineligible companies with which they have relationships.
 - The nature of the relationships.
 - A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.

Exceptions: Accredited providers do **not** need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

- Accredited education that is non-clinical, such as leadership or communication skills training.
- Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
- Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

Standard 4: Manage Commercial Support Appropriately

Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

Accredited providers that choose to accept **commercial support** (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

- Decision-making and disbursement:** The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
 - Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
 - 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.
 - 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.
 - The accredited provider may use commercial support to defray or eliminate the cost of the education for *all* learners.

2. **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability:** The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners:** The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

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

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
 - a. Influence any decisions related to the planning, delivery, and evaluation of the education.
 - b. Interfere with the presentation of the education.
 - c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
 - a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
 - b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
 - c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
 - d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

ACCME's Definitions of Relevant Financial Relationships

Introduction

ASAM, as the accredited Continuing Medical Education (CME) provider, must ensure that this activity and the presentations are in full compliance with the Accreditation Council for Continuing Medical Education (ACCME) guidelines and Standards for Integrity and Independence in Accredited Continuing Education (ACE). All planners and presenters must complete the following financial disclosure form prior to the planning, development or presenting of an educational activity to ensure adequate review time by the ASAM CME Committee.

Glossary of Terms

Ineligible Companies

Companies that are ineligible to be accredited in the ACCME System (***ineligible companies***) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- 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 dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

The ACCME does not consider providers of clinical service directly to patients to be an ineligible company. Ineligible companies are prohibited from engaging in ***joint providership*** with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education.

Eligible Organizations:

Organizations eligible to be accredited in the ACCME System (***eligible organizations***) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such 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
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as

ACCME's Definitions of Relevant Financial Relationships

employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

Relevant Financial Relationships

The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months with an ineligible company. Circumstances create a relevant financial relationship when an individual has an opportunity to affect CME content about products or services of an ineligible company with which he/she has a financial relationship. ACCME focuses on financial relationships with ineligible companies in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

Clinical Condition

This is the disease state, clinical condition, or clinical area that a financial relationship relates to or impacts.

ASAM Disclosure of Relevant Financial Relationships

Instructions

1. **First**, list the names of proprietary entities (see the [ACCME's Definition of Relevant Financial Relationships](#) for the definition of an ineligible company) with which you have had a relevant financial relationship within the past 12 months.
2. **Second**, describe what you received (ex: salary, honorarium etc).
3. **Third**, describe your role.
4. **Fourth**, describe the clinical condition or clinical area that this financial relationship was in (eg, addiction medicine, psychiatry, dermatology).

Name:

Credentials/Designations:

Email Address:

Organization Name:

1. Do you have any relevant financial relationships with any ineligible companies? (Yes or No)

Yes

No

2. **Financial Disclosure** (For each relevant financial relationship, please include what was received, for what role, and for what clinical condition)

1.

2.

3.

4.

5.

3. **Off-Label Uses:** Select one of the following statements:

The content of my material(s)/presentation(s) in the CE activity include discussion of unapproved or investigational uses of products or devices

The content of my material(s)/presentation(s) in the CE activity DO NOT include discussion of unapproved or investigational uses of products or devices

Please specify any off-label or investigational use:

4. **Agreement:**

I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions. By signing this box with my electronic signature, I attest that all information above is true and correct. I attest that the CE content for which I am responsible will be evidence-based, fair and balanced, unbiased, and free from any ineligible companies control. No promotional activities may occur during educational events. This includes distribution of product brochures or product information in conjunction with the educational activity or handouts. No slides or handouts developed by an ineligible company may be used during presentations. I agree to not promote any specific proprietary or commercial business interest in my role as planner or faculty/speaker. I understand that an employee of an ineligible company may NOT serve as a faculty or planner if the educational content that the employee controls relates to the products and/or services of the ineligible company's employer. If the content DOES NOT relate to the products and/or services of

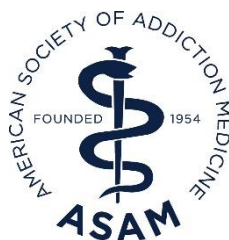
2021 ASAM Disclosure of Relevant Financial Relationships

the ineligible company's employer, the employee may be eligible to serve as speaker or planner, but the educational content must be reviewed (must be sent with the application) before approval of CME credit will be considered. I understand that if I serve on a Speakers' Bureau for the same clinical area as the education activity I plan to provide, and for which accreditation is being requested, my educational activity material(s) must be submitted for a full independent review at the time of the application submission before approval for CME credit will be considered. I understand that if I engage in a financial relationship with an ineligible company after the program has been granted accreditation, but before the educational activity has been implemented/delivered, I must alert ASAM and provide a new disclosure form. A second review for approval will become necessary before the activity can be delivered. I understand that if changes are made to my educational presentation/material(s) after the program has been granted accreditation, but before the educational activity has been implemented/delivered, I must alert ASAM and provide information/documentation on the changes. A second review for approval will become necessary before the activity can be delivered. If I have indicated a relevant financial relationship, I understand that this information will be reviewed to determine whether a relevant financial relationship may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to mitigate any relevant financial relationships of interest will require the ASAM to identify a replacement or not offer CME credit for this activity.

Please type your full name on the line below:

Signature:

Date:



American Society of Addiction Medicine

2021 ASAM Continuing Medical Education (CME) Application

Title of Activity:	
Type of Activity <i>(ie: Live Course, Online Webinar, Internet Enduring Course, Blended Course, Journal Based CME, Test Item Writing, Committee Learning, Faculty, Internet Searching and Learning, Learning from Teaching)</i>	
Date (MM/DD/YYYY):	Location:
Number of Participants:	Number of Credit Hours Requesting:
Target Audience:	
I. Educational Content and Planning	
1. What are the professional practice gaps of your learners on which the activity was based?	
2. Describe the educational format:	
3. List the overall learning objectives:	
4. Do the educational objectives address the following:	
a. Knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
b. Competence	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

c. Performance

☐ Yes

☐ No

If yes, please explain:

5. This activity was developed in the context of which competencies? *(Check all that apply)*

ACGME / ABMS

- ☐ Patient Care and Procedural Skills
- ☐ Medical Knowledge
- ☐ Practice-based Learning and Improvement
- ☐ Interpersonal and Communication Skills
- ☐ Professionalism
- ☐ Systems-based Practice
- ☐ Other: _____

Institute of Medicine

- ☐ Provide patient-centered care
- ☐ Work in interdisciplinary teams
- ☐ Employ evidence-based practice
- ☐ Apply quality improvement
- ☐ Professionalism
- ☐ Utilize informatics
- ☐ Other: _____

Interprofessional Education Collaborative

- ☐ Values/Ethics for Interprofessional Practice
- ☐ Roles/Responsibilities
- ☐ Interprofessional Communication
- ☐ Teams and Teamwork
- ☐ Other: _____

6. Which of the following needs assessments were completed prior to the design of this activity?

- ☐ Needs survey
- ☐ Q.A., peer review
- ☐ Suggestions by participants/evaluations from past program
- ☐ Consensus of experts/faculty perception
- ☐ Current literature/research
- ☐ New technique, equipment, or medical issue
- ☐ Other: _____

7. If there was a Needs Assessment conducted, describe the results:		
8. Indicate whether the activity meets the following criteria:		
a. Represents best clinical practice, emerging technology, or new practice guideline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is appropriate for ASAM's target audience.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Represents a diversity of views.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Topic is timely.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is there a balanced discussion? (eg, various pharmacotherapeutic and behavioral options and/or alternative explanations).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Attach the proposed activity agenda. <i>Each presentation should include goals & objectives.</i>		
II. Faculty and Faculty Disclosure Information		
1. Describe how the faculty was selected:		
2. Did the activity's planning committee review the disclosures for possible relevant financial relationships? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what did the planning committee do to mitigate the relevant financial relationship?		
3. Attach a list of faculty presenting at this activity. Include name, address, titles, departments, institutional affiliations. CV's are NOT required.		
4. Attach faculty disclosures.		
III. Knowledge, Competence, Performance and Patient Outcomes		
1. Is this activity designed to change competence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain why or why not?		
2. How will you measure competence change?		
3. Is this activity designed to change performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain why or why not?		

4. How will you measure performance change?	
5. Is this activity designed to change patient outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain why or why not?	
6. How will you measure patient outcomes?	
IV. Evaluation	
1. Which of the follow methods will you use to evaluate the activity <i>(check all that apply)</i>	
<input type="checkbox"/> Pre-Test Questions <input type="checkbox"/> Participant Survey <input type="checkbox"/> Performance Evaluation <input type="checkbox"/> Follow-up Survey <input type="checkbox"/> Post Test <input type="checkbox"/> Other:	
2. Attach a copy of all evaluations that will be used to evaluate the activity.	
V. ACCME Content Validity Value Statement	
Please indicate if the content of this activity is in compliance with the following ACCME Content Validity Statements.	
1. CME activities must be based on evidence that is accepted within the profession of medicine as adequate justification for the indications and contraindications in the care of patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
2. All scientific research referred to, reported or used in CME support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	

VI. Budget and Support from Ineligible Companies	
1. What is the source of revenue to be used to fund this activity?	
2. How will you document attendance?	
3. List all support from any ineligible companies Visit <u>ACCME's definition of ineligible company</u>	
4. Attach a copy of the activity budget.	
VII. Signatures	
Program Chair:	
Signature:	Date:

Please email completed application to cme@asam.org



Joint Provider CME Fees

	Tier 1: ASAM State Chapter	Tier 2: 501c3, Non- profit with federal tax exemption*	Tier 3: Hospital systems, all clinics, individual clinicians, government agencies, academic institutions, and professional associations	Tier 4: Any organization that does not fall into Tiers 1-3, regardless of tax status. Example: Medical Education, Marketing and Communication Companies
Live and Live Virtual Events (0 – 15 Credits)	\$500.00	\$1,000.00	\$2,000.00	\$3,000.00
Live and Live Virtual Events (>15 Credits)	\$500.00	\$2,000.00	\$4,000.00	\$5,000.00
Enduring Events (0 – 15 Credits)	\$500.00	\$1,000.00	\$2,000.00	\$3,000.00
Enduring Events (>15 Credits)	\$500.00	\$2,000.00	\$4,000.00	\$5,000.00
Blended Events (0 – 15 Credits)	\$500.00	\$1,000.00	\$2,000.00	\$3,000.00
Blended Events (>15 Credits)	\$500.00	\$2,000.00	\$4,000.00	\$5,000.00

**Documentation is required*

Fees subject to change at ASAM's discretion based on complexity of application or other needs in alignment with ACCME standards and guidelines.