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**Pre-Application for CME Accreditation**

The first step in becoming accredited is submission of a pre-application. The purpose of the pre-application is to provide NMA with the information necessary to determine if your organization is eligible and verify that mechanisms are in place for your organization to meet NMA’s CME requirements. We ask that you demonstrate to us that you have mechanisms already in place to fulfill NMA’s Essential Areas and Elements and Accreditation Policies (Accreditation Requirements) in the CME activities that you you are producing, or have produced.

Please note: pre-application materials are reviewed to determine your organization’s eligibility and to verify that mechanisms are in place for your organization to meet NMA’s requirements. The materials are not reviewed for compliance with NMA’s accreditation requirements, as that is determined after a review of a self-study report, activity documentation, and an accreditation interview.

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| Date of Application: | | | | | |  | | | | | | |
| Name of Organization: | | | | | | |  | | | | | |
| Contact Name: | | | | |  | | | | Title: | |  | |
| Address: | | |  | | | | | | | | | |
| Phone: | |  | | | | | | | | Fax: |  | |
| Email: | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Chief Executive Officer of the Organization | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | |
| Title: |  | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | |
| Phone: | | |  | | | | | | | Fax: |  | |
| Email: | |  | | | | | | | | | | |
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| **Organizational Information** | | | | | | | | | | | | |
| 1. Briefly describe what your organization does and who your customers are: | | | | | | | | | | | | |
| 1. Please indicate what classification most accurately describes your organization: | | | | | | | | | | | | |
| 501c Non-Profit  For-Profit Hospital  Government Organization  Liability Insurance Provider | | | | | | | | Blood Bank  For-Profit Nursing Home  Group Medical Practice  Non-Health Care Related | | | | Diagnostic Laboratory  For-Profit Rehab Center  Health Insurance Provider  Other: |
| 1. Has the organization been accredited before?  Yes  No | | | | | | | | | | | | |
| 1. Does the organization have a CME mission statement?   Yes, please attach copy  No, please explain: | | | | | | | | | | | | |
| 1. Has the organization participated in CME jointly provided activities?  Yes  No | | | | | | | | | | | | |
| 1. Describe any past CME activities the organization has offered or been involved in: | | | | | | | | | | | | |
| 1. Attach an organizational chart that shows the leadership and staff relationships for your CME Program. If your CME program is part of a larger institution, include an organizational chart that shows the position of the CME Program in relation to the institution’s overall structure. If no framework currently exists, please attach a proposed plan. To be eligible for NMA accreditation, the organization must have a framework for CME to support its mission. | | | | | | | | | | | | |
| *Organizations are not eligible for NMA accreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are:*   * *Not within the definition of CME, or* * *Known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.* | | | | | | | | | | | | |
| 1. Describe the nature and scope of the content that you offer or plan to offer through your CME activities: | | | | | | | | | | | | |
| *The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. A commercial interest is not eligible for accreditation.* | | | | | | | | | | | | |
| 1. Does your organization, or a part of your organization, produce, market, re-sell, or distribute health care goods or services consumed by or used on patients? Yes  No | | | | | | | | | | | | |
| 1. Does your organization advocate for an ACCME-defined commercial interest? Yes  No | | | | | | | | | | | | |
| *The ACCME defines commercial support as financial or in-kind contributions given by a commercial interest which is used to pay all or part of the costs of a CME activity. The definition of roles and requirements when commercial support is received are outlined in the ACCME Standards for Commercial Support.* | | | | | | | | | | | | |
| 1. Will the organization’s CME activities receive educational support (financial or in-kind grants or donations) from any company, foundation, institution or society outside of your organization? *Exhibit/display fees do not count as commercial support.* Yes  No | | | | | | | | | | | | |
| 1. What type of support will the organization seek for CME activities?   Educational Grants  Exhibit/Display Fees In-Kind Support  Not Applicable | | | | | | | | | | | | |