



To be in compliance with the Accreditation Council for Continuing Medical Education (ACCME), all Activity Directors must comply with the mission of the Office of CME at SUNY Downstate Medical Center and the AMA's definition of CME. Approval for category 1 certification depends on the following conditions:

1. The OCME must be involved in the initial planning stages of the CME activity for which category 1 certification is being requested. Please review the **Activity Planning Guide**.
2. The planned activity must conform to the AMA's definition of CME, *"CME consists of educational activities that serve to maintain, develop, or increase the knowledge, skills and professional performance and relationships a physician uses to provide services for patients, the public, or the profession."* The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. Presentations and activity materials must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational materials or content includes trade names, where available, trade names from several companies should be used, not just trade names from a single company.
3. Documentation of needs assessment must be part of [planning](#) and attached to the Certification Request Form and sent to our office.
4. The educational objectives for each activity must be stated. The objectives should relate to the need and tell participants what they will learn by attending the program.
5. The planning of the activity must be documented in the form of minutes, schedule of topics, speakers and format.
6. The target audience must be defined and stated.
7. Speaker Disclosure - **All** individuals who are in a position to control the content of an educational activity disclose all relevant financial relationships with any commercial interest **within the past 12 months**. This includes, but is not limited to: activity medical directors, planning committee members, expert/peer reviewers, authors, faculty/speaker/presenters, moderators, panel members, and administrative support staff. Any individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a faculty/speaker/presenter, or an author of CME program, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the activity. Products or procedures being discussed that are off-label, unlabeled, experimental, and/or investigational and not FDA approved must be disclosed. Including any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.
8. A Budget Plan must be filled out and returned with the CME Certification Request Form. All anticipated income and expenses, including the OCME fee must be disclosed. A Final Budget Form must be filled out two weeks following the end of the activity.
9. Commercial Support - see OCME [policy for commercial support](#)
 - a. A Commercial Support Form must be filled out if a commercial organization provides funding of any sort to the program. The form must be signed by the company representative and the Activity Director and returned to the OCME.
 - b. All commercial support funds are to be paid directly to the OCME or to the Department sponsoring the program. Speakers may NOT be paid directly from commercial companies for any related expenses to the program. This includes travel, honorarium, etc.
10. All CME activity requesting category 1 certification must be evaluated.
11. Any audio or video of the program for later distribution must be approved by the Office of CME. Additional fees will be applied.
12. The Activity Director must assure that the activity is HIPAA Compliant and agree to obtain all necessary copyright permission(s) for any portion of the CME activity materials that is not their original work.

13. Program Announcement

- a. Brochures and announcement material should have the statement of need, educational objectives and the intended physician audience.
- b. You may not indicate on the brochure or flyer that you have applied for certification or state the number of certifications applied for until the Office of CME has issued approval.
- c. The Office of Continuing Medical Education at Downstate Medical Center as the accredited provider must be prominently displayed as the SPONSOR on the front of the brochure or flyer and your department as the PRESENTER of the activity.
- d. The educational format and course outline must be defined on the brochure.
- e. Registration fee and location of the activity must be present
- f. Acknowledgement of any type of support by commercial companies must be listed in the activity announcement and brochure,
- g. The Final Draft of the brochure must be reviewed and approved by the OCME before printing.
- h. The following Statements must appear on all distributed CME activity brochures and flyers.

ACCREDITATION STATEMENT

The State University of New York (SUNY) Downstate Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The SUNY Downstate Medical Center designates this educational activity for a maximum of (# of credits) *AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure Statement

SUNY Downstate Medical Center Office of CME (OCME) and its affiliates are committed to providing educational activities that are objective, balanced and as free of bias as possible. The OCME has established policies that will identify and resolve all conflicts of interest prior to this educational activity. All participating faculty are expected to disclose to the audience, verbally or in writing, any commercial relationships that might be perceived as a real or apparent conflict of interest related to the content of their presentations, and unlabeled/unapproved uses of drugs and devices. Detailed disclosures will be made verbally and/or in writing during the program.

ADA Statement

Special Needs: In accordance with the Americans with Disabilities Act, SUNY Downstate Medical Center seeks to make this conference accessible to all. If you have a disability which might require special accommodations, please contact.... or e-mail your needs to:...

14. At the conclusion of the activity, attendance sheets, a Final Budget Form and a summary of the activity evaluations must be forwarded to our office. Certificates of Attendance will be mailed to activity participants listed on the attendance sheets by the Office of CME for a fee of \$20 per certificate.
15. The fee for a live annual conference is \$1500. CRF must be received by the OCME twelve (12) weeks prior to the start of the activity. ANY Certification Request Form received less than thirty (30) days before the conference begins will not be accepted. Additional administrative fees will be applied if conference management services are requested from the OCME.

PLEASE SIGN AND RETURN WITH YOUR CERTIFICATION REQUEST FORM.

As the Activity Director for the CME Activity titled: _____. I have read and understand the essential requirements for Category I credit approval listed on the Annual Conference Policy & Procedure and agree to forward all the required documentation.

CME Activity Director Signature

Date