



Joint Providership Application

(must be completed in full)

Purpose:

This document ensures that CME activities eligible for certification meet the criteria set by the Accreditation Council for Continuing Medical Education (ACCME).

Instructions:

Please complete all sections and include the required attachments. If applying for CME Credits for a conference or symposium, ensure adequate lead time for effective planning and coordination. For any questions, please contact StateChaptersCME@asmbs.org.

Organization Information

Organization Name:

Meeting Name:

Location & Date(s):

Main Contact Information

Name:

Role:

Street Address:

Phone Number:

Email Address:



ASMBS Policies

Disclosure Policy

ASMBS requires all planners, directors, speakers, and staff to comply with ACCME's Standards for Integrity and Independence. Disclosures must be collected prior to involvement in the development or agreement to participate in the activity.

All financial relationships with ineligible companies within the past 24 months must be disclosed.

For more details, please visit:

[Financial Relationship Disclosure Form](#)

Course Director(s)

- Additional Course Director:
Name: _____
Email: _____
- Additional Course Director:
Name: _____
Email: _____

Faculty/Presenters:

Please list all faculty and presenters below (Add more as needed):

- Presenter: Name: _____
Email: _____
- Presenter: Name: _____
Email: _____
- Presenter: Name: _____
Email: _____
- Presenter: Name: _____
Email: _____
- Presenter: Name: _____
Email: _____
- Presenter: Name: _____
Email: _____
- Presenter: Name: _____
Email: _____



- Presenter: Name: _____
- Email: _____
- Presenter: Name: _____
- Email: _____

Please confirm that all disclosures have been submitted:

Commercial Support Information

Will commercial exhibits be part of this activity?

*Please Select

Will commercial sponsorships be involved?

*Please Select

If you answered “Yes,” above for commercial sponsorship, please provide the following:

- Letters of Agreement (LOA), signed by all commercial support parties.
- Screenshots or copies of any materials (advertisements, posters) that acknowledge the commercial supporter.

Please also note:

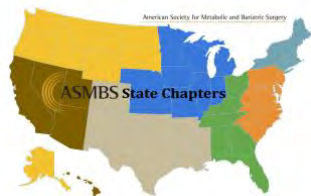
- **Program books or agendas must not display corporate logos.**
- Corporate logos cannot be displayed in educational spaces.
- Sponsored activities must not occur within 30 minutes before or after accredited educational events.

Will you be applying for educational grants for this activity?

*Please Select

Commercial Support Tracking

Please list all companies that have agreed to provide financial support. Specify the type of support each company is providing and amount.



Company Name	Exhibitor or Sponsor	Signed LOA Received?	Amount
Example Co.	*Please Select	*Please Select	
Another Co.	*Please Select	*Please Select	
	*Please Select	*Please Select	
	*Please Select	*Please Select	
	*Please Select	*Please Select	
	*Please Select	*Please Select	
	*Please Select	*Please Select	
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	*Please Select	*Please Select	
	*Please Select	*Please Select	
	*Please Select	*Please Select	
	*Please Select	*Please Select	

Note: Signed LOAs must be submitted to ASMB before the event to secure CME credits.



Educational Planning

Educational Needs

Please outline the professional practice gap(s) of your learners that this activity aims to address:

Example: _____

Check the educational needs addressed by this activity:

- Knowledge
- Competence
- Performance

State the specific educational needs causing the practice gap(s):

Objectives

Please list the objectives of this activity. Use action verbs such as "describe," "analyze," "discuss," "formulate," etc.

1. _____
2. _____
3. _____
4. _____
5. _____

Designed to Change

What competence, performance, or patient outcome does this activity aim to improve?



Educational Format

Select the learning formats for this activity:

- Live
- Enduring (recorded - *additional fees may apply*)

Please explain why the chosen format is appropriate for this activity:

Competencies Addressed

Select the competencies addressed by this activity:

- Patient care and procedural skills
- Medical knowledge
- Quality improvement
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice
- Evidence-based practice
- Other (please specify): _____

State Chapter Mission Statement

Please submit your state chapter's mission statement here:



ACCME Standards

ASMBS requires all planners, directors, speakers, and staff to comply with the [ACCME's Standards for Integrity and Independence](#)

Owners and employees of ineligible companies are considered to have unresolvable financial relationships. It is the policy of the ASMBS that these individuals 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 the [ACCME's Standards for Integrity and Independence Standard 3.2](#).

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. [ACCME Standard 4: Manage Commercial Support Appropriately](#)

This standard only applies when there is marketing by ineligible companies or nonaccredited education associations with the accredited continuing education. [Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education](#)

Signature

By signing, I confirm that the information provided in this application is accurate and complete. I attest that I read and understand the above ACCME Standards for Integrity and Independence 4 & 5 and will comply by submitting all the required materials.

Signature: _____

Printed Name: _____

Date: _____



Next Steps

Prior to Meeting

- Agenda
- Letter of Agreement - LOA's (*from all Commercial Supporters*)
- PPT Presentations (*Template available*)
- Publish the Learner Notification (*Upon receipt from ASMBS*)
- CME Payment (*when invoice received*)
- Attendee List* (*Template available*)

**The CME credit claiming email is sent based on when ASMBS receives the attendee list, if sent prior to the meeting, the credit claiming email may be scheduled shortly after end of meeting*

Post Meeting

- Attendee On Site List (*Template available*)
- Budget (*Template available - required within 30 days*)