



CME JOINT-PROVIDERSHIP APPLICATION & AGREEMENT

Purpose – Complete this application to apply for certified *AMA PRA Category 1 Credits*™ (Category 1 credits towards the American Medical Association Physician Recognition Award). This form is our mechanism for ensuring your activity is planned, developed, implemented, and evaluated in accordance with the **Accreditation Requirements established by the Accreditation Council for Continuing Medical Education (ACCME)** for providing continuing medical education (CME) to physicians in a way that is evidence-based, scientifically balanced, and free from commercial influence.

Instructions – Complete the application in its entirety and return with all the requested documents to the CME Department **10-12 weeks prior to your activity. Failure to meet the timeframe may result in our inability to accept the application.**

Accreditation – The South Carolina Medical Association (SCMA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Contact Information	
Name of Organization Requesting Joint Providership:	
Name of Individual Completing Application:	
Address:	
Phone:	
Fax:	
Email:	
Activity Information	
Title of Proposed Activity: Note: If the activity topic(s) is clinical in nature, a physician must be involved in the planning.	
Location:	
Date(s):	
AMA PRA Category 1 hours requested:	
Intended Audience: To qualify for Category 1 credit, if activity topic(s) is clinical in nature, a physician must be involved in the planning.	
Other health professionals to be invited:	
Planning Information	
Needs Assessment: How did you determine the need for this activity? e.g., Articles, Surveys, Clinical Data Report, etc. Be specific and attach documentation.	Finish This Sentence: Our target audience’s current professional practice is less than ideal or could be better in terms of:
Expected Results: What do you expect to accomplish by offering this activity?	Finish This Sentence: We expect to accomplish:

Educational Objectives: Please provide a set of at least three objectives for each lecture included in the activity.	Finish This Sentence: As a result of this activity, learners should be able to:
Desired Results: Please explain how you plan to show you accomplished your objectives (Outcomes Data)	Finish This Sentence: Outcome measurement(s) from activity will be done by:
Educational Design: (e.g., lecture, panel, discussion groups, workshops, etc.)	
Learning Formats: (e.g., live, enduring materials, Journal-based CME, Test Item writing, Manuscript review (for journals), Performance Improvement CME (PI CME), Internet point-of-care learning (PoC)	
Supporting Documentation Checklist	
Please provide copies with application:	<ol style="list-style-type: none"> 1. A list of the activity planning committee members. 2. Completed/signed disclosure forms for all planners. 3. Meeting agenda as it stands right now (w/speakers name, presentation title, and objectives) 4. Brief biography for all proposed activity speakers. 5. Needs Assessment Documentation – e.g., articles, surveys, clinical data report

All Promotional materials for your CME activity should be reviewed by the SCMA CME Department before you produce or distribute any materials.

- **No Promotion of CME Credit Prior to Approval:** Use of the AMA Credits statement & Accreditation statement and/or mention of the SCMA affiliation with this activity is prohibited until this activity has been approved for CME credits by the SCMA CME Department.
- **Required Statements & Logo:** All detailed promotional materials – printed and digital (includes webpages) – for your CME activity must contain the AMA Credit Designation Statement and Accreditation Statement
Exception: Save-the-Date announcements that only contain general, preliminary information about the activity (such as the title, date, & location) and do not reference CME or AMA credits are not required to include the two statements, but marketing materials that mention CME/AMA credits or include more detailed information (i.e., the number of CME credits approved, the faculty, the learning objectives, or the South Carolina Medical Association with this CME activity) need to include the statements.

As the activity director responsible for the educational content of the proposed jointly provided CME Activity, I agree to comply with all SCMA's policies and procedures, including but not limited to those pertaining to CME's and the joint providership fee as indicated below. I understand that the South Carolina Medical Association is committed to providing continuing medical education programs that are evidence-based, objective, scientifically supported, balanced, and free from commercial bias, and that the policies, outlined in this application work towards that goal. I attest to have the authority to administer this activity on behalf of the Host Organization identified and that the information & documents provided in/with this application are complete & accurate to the best of my knowledge.

Signature

Printed Name

Date

2023 CME Fee Schedule

Joint Providership Fee (instate): 2023
For all activities scheduled to be conducted in 2022 \$1,500.00 1st day, plus \$300/each additional day – plus travel expense of SCMA staff at SCMA rates

Joint Providership Fee (out-of-state): 2023
For all activities scheduled to be conducted in 2022 \$2,750 plus \$100 per credit hour and travel expenses of SCMA staff at SCMA rates

Regularly Scheduled Series (RSS): 2023
1 per month for 12 months - \$1,500/year – plus travel expense
Weekly - once per week \$1,000/quarter – plus travel expense

Regularly Scheduled Series (RSS): 2023
2 or more times per week \$60.00 per session – plus travel expense

Class schedule must accompany Regularly Scheduled Series application

Notification and Approval: The SCMA CME Coordinator will confirm receipt of your application. All joint providership applications will be reviewed at the next quarterly CME SCMA Committee meeting. You will be notified of the committee’s decision regarding your application within one week of their meeting.

FAILURE TO SUBMIT PRESENTATIONS AT LEAST TWO (2) WEEKS PRIOR TO THE EDUCATIONAL ACTIVITY, WILL RESULT IN LOSS OF CME.

ALL CME ACTIVITIES ARE APPROVED ON A YEARLY BASIS. You must submit a new application each year.

NEITHER APPROVAL OF JOINT PROVIDERSHIP NOR DESIGNATION OF CME CREDIT MAY BE GIVEN RETROACTIVELY.

Mail Applications To: Necole Stinson, MBA
 Director of CME
 South Carolina Medical Association
 132 Westpark Blvd.
 Columbia, SC 29210
 nstinson@scmedical.org

For Questions: (803-612-4134)

For Use by SCMA CME Office

Application Received: _____

Received By: _____

Date Presented to CME Committee: _____

Approved

Not Approved