



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

Accreditation Requirements

MMS Accreditation Requirements supplement the MMS Essential Areas and Elements.

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Activity Announcements

AMA Credit Designation & Accreditation Statements

Activity announcements describe all promotional materials (including brochures) in both print and electronic formats that are designed to build awareness of the activity among the target physician audience. Activity announcements should outline the activity's educational content. Any announcement, if it references the maximum number of credits for which the provider has designated the activity is required to include the complete designation and accreditation statements.

The AMA Credit Designation and Accreditation Statements do not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

AMA Credit Designation Statement

“*AMA PRA Category 1 Credit*[™]” is a trademark of the American Medical Association. Accredited providers are required to use “*AMA PRA Category 1 Credit*[™]” whenever the complete phrase is first used in any publication, and periodically through the publication. This standard language along with the AMA Credit Designation Statement, benefits both providers and physicians by clearly communicating the provider's privilege to award *AMA PRA Category 1 Credit*[™] on behalf of the AMA.

Providers may never publish or announce that “AMA PRA credit has been applied for.”

Accreditation Statement

The accreditation statement identifies the MMS accredited organization responsible for demonstrating the CME activity's compliance with all MMS Essential Areas and Elements (including the ACCME Standards for Commercial SupportSM) and Accreditation Requirements. The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations.

There is no "co-sponsorship" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-sponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity. MMS has no policy regarding specific ways in which providers may acknowledge the involvement of other MMS accredited providers in their CME activities.

AMA Credit Designation Statement and Accreditation Statement for MMS Accredited Providers

The following designation/accreditation statements must be included on all promotional materials advertising AMA PRA Category 1 Credit™ CME activities.

(REQUIRED – AMA CREDIT DESIGNATION STATEMENT)

The [name of accredited CME provider] designates this [learning format]* for a maximum of [number of credits] *AMA PRA Category 1 Credit (s)™*. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Note: the *AMA PRA* reference must be in *italics* and must include the trademark symbol.

(REQUIRED – ACCREDITATION STATEMENT)

The [name of accredited CME provider] is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians.

(And, When Appropriate - For Risk Management Study)

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study. *OR (number of credits)* meet the criteria of the Massachusetts Board of Registration in Medicine's criteria for risk management study.

(And, When Appropriate - For Joint Sponsorship)

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Massachusetts Medical Society for Continuing Medical Education through the Joint Sponsorship of the [name of accredited CME provider] and [name of non-accredited CME provider].

The learning format listed in the Credit Designation Statement must be one of the following AMA approved learning formats:

- 1. Live activity**
- 2. Enduring material**
- 3. Journal-based CME activity**
- 4. Test-item writing activity**
- 5. Manuscript review activity**
- 6. PI CME activity**
- 7. Internet point-of-care activity**

Annual Reporting

MMS accredited providers are required to submit an Annual Report to the Accreditation Council for Continuing Medical Education (ACCME) in order to maintain their accreditation status. The purpose of the Annual Report is to confirm contact information for the accredited provider, and to compile an aggregate of the size and scope of the CME enterprise in the United States, e.g., the number and type of activities planned and executed, the number of hours offered, the number of physician learners taught, the amount of commercial support received, and the total income and expense of the enterprise. Accumulated data received from all ACCME and state medical society accredited providers is published annually at www.accme.org as a service to accredited providers, other members of the CME community, and the public.

Providers complete the report online via ACCME's secure provider extranet. Providers who fail to complete the report by the published due date are subject to a change of their accreditation status to probation. Notification that the Annual Report has not been submitted by the published due date may be sent to the accredited provider's President and/or Chief Executive Officer. Providers that do not complete the report by April 30 may be subject to a decision of non-accreditation.

CME Content

MMS's definition of CME describes what content is acceptable for activities that are certified for credit:

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

A broad definition of CME, such as the one found above, recognizes that many continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients. CME that discusses issues related to coding and reimbursement in a medical practice falls within MMS's definition of CME.

Not all continuing educational activities which physicians may engage in however are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME.

All CME educational activities developed and presented by a provider accredited by the MMS and associated with *AMA PRA Category 1 CreditTM* must be developed and presented in compliance with all MMS accreditation requirements -- in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the MMS accreditation process as verification of fulfillment of the MMS accreditation requirements.

Providers are not eligible for MMS accreditation or reaccreditation 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. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for MMS accreditation.

Content Validation

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Commercial Support and Disclosure

These policies and definitions supplement the 2004 updated [ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities \("SCS"\)](#). The MMS adopted the ACCME Standards for Commercial SupportSM in May 2005.

Relevant to SCS1 (Ensuring Independence in Planning CME Activities):

A **commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for ACCME or MMS accreditation. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501c non-profit organizations (*Note: ACCME screens 501c organizations for eligibility. Those that advocate for 'commercial interests' as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter.*)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

ACCME's Definition of a Commercial Interest as It Relates to Joint Sponsorship

In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be determined or influenced by a commercial interest.

Relevant to SCS2 (Identifying and Resolving Conflicts of Interest):

Financial Relationships: Financial relationships occur when an 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 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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

With respect to personal **financial relationships**, ‘contracted research’ includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

The ACCME considers **financial relationships** to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

Relevant to SCS3 (Appropriate Use of Commercial Support)

Commercial Support is financial, or in-kind, contributions given by a commercial interest (see Policies relevant to SCS1), which is used to pay all or part of the costs of a CME activity.

An accredited provider can fulfill the expectations of SCS 3.4-3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACCME's Elements, Policies and Standards.

Element 3.12 of the ACCME’s Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States.

Relevant to SCS4 (Appropriate Management of Commercial Promotion)

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be ‘commercial support’. However, accredited providers are

expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

Relevant to SCS6 (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be divulged verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply ACCME with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
 - a) that verbal disclosure did occur; and
 - b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

The provider's acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

Enduring Materials

An enduring material is a non-live CME activity that "endures" over time. It is most typically a videotape, monograph, CD ROM, and/or DVD. Enduring materials can also be delivered via the Internet. The learning experience by the physician can take place at any time in any place, rather than only at one time, and one place, like a live CME activity.

Enduring materials must comply with all MMS Essential Areas and Elements (including the ACCME Standards for Commercial SupportSM, MMS Accreditation Requirements and AMA requirements for educational activities eligible for *AMA PRA Category 1 Credit*TM). However, there are specific communication requirements for enduring materials because of the nature of the activities. Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. Principal faculty and their credentials;
2. Medium or combination of media used;
3. Method of physician participation in the learning process;
4. Estimated time to complete the educational activity (same as number of designated credit hours);
5. Dates of original release and most recent review or update; and
6. Termination date (date after which enduring material is no longer certified for credit).

For CME activities including those in which the learner participates electronically (e.g., via Internet, CD-ROM, , satellite broadcasts), all required information must be transmitted to the learner prior to the learner beginning the CME activity (also see ACCME's policies regarding disclosure in the Standards for Commercial Support). All CME activities released or re-released after January 1, 2008 must conform to this policy.

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be certified for credit for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.

MMS records retention policies require participants to verify learner participation and evaluate all CME activities. Sometimes providers will create an enduring material from a live CME activity. When this occurs, MMS considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all MMS requirements, and the enduring material activity must comply additionally with all MMS requirements that relate specifically to enduring materials.

In addition to the requirements above, the American Medical Association (AMA) requires the following for an enduring material to be certified for *AMA PRA Category 1 Credit™*.

- Meet all AMA core requirements for certifying an activity.
- Provide clear instructions to the learner on how to successfully complete the activity.
- Provide an assessment of the learner that measures achievement of the educational purpose and/or objective (s) of the activity with an established minimum performance level; examples include, but are not limited to, patient-management case studies, a post-test, and/or application of new concepts in response to simulated problems.
- Communicate to the participants the minimum performance level that must be demonstrated in the assessment to successfully complete the activity for *AMA PRA Category 1 Credit™*.
- Provide access to appropriate bibliographic sources for further study.

Designating and awarding credit for participation in an enduring material:

- Credit designation for each enduring material must be determined by a mechanism developed by the accredited CME provider to establish a good faith estimate of the amount of time a physician will take to complete the activity to achieve its purpose and/or learning objectives (e.g. the average time it takes a small sample group of the target audience to complete the material); credit is designated in 15 minutes or .25 credit increments; accredited CME providers must round to the nearest quarter hour.

- Credit should be awarded only to physicians who meet at least the minimum performance level on the assessment as established by the accredited CME provider.

Fees

MMS accredited providers are accountable for timely submission of fees that are required either to attain or maintain accreditation. MMS's Accreditation Fee Schedule lists current fees, which is posted at www.massmed.org/accreditation.

Internet CME

Live or enduring material activities that are provided via the Internet are considered to be "Internet CME." Internet CME must comply with all MMS Essential Areas and Elements including the ACCME Standards for Commercial SupportSM and Accreditation Requirements. However, there are specific requirements for Internet CME due to the nature of the activities:

Activity Location: MMS accredited providers may not place their CME activities on a website owned or controlled by a 'commercial interest.'

Links to Product Websites: With clear notification that the learner is leaving the educational website, links from the website of an MMS accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.

Transmission of information: For CME activities in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required information must be transmitted to the learner prior to the learner beginning the CME activity. All CME activities released or re-released after January 1, 2008 must conform to this requirements

Advertising: Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content.

Hardware/Software Requirements: The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

Provider Contact Information: The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

Policy on Privacy and Confidentiality: The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.

Copyright: The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

Joint Sponsorship

MMS accredited providers that plan and present one or more activities with non-MMS accredited providers are engaging in “joint sponsorship.”

The MMS expects all CME activities to be in compliance with the Essential Areas and Elements including the ACCME Standards for Commercial SupportSM and Accreditation Requirements. In cases of joint sponsorship, it is the responsibility of the MMS accredited provider to be able to demonstrate compliance through written documentation. Materials submitted to demonstrate compliance may be from either the MMS accredited provider’s files or those of the non-accredited provider. It is recommended that the MMS accredited provider and joint sponsor sign a Letter of Agreement outlining the responsibilities of each organization for the development and implementation of the CME activity.

Note that if a jointly sponsored activity is found to be in Non-Compliance with MMS’s content validation requirements or requirements for disclosure and commercial support, the accredited provider in the relationship may be asked to provide one or more Monitoring Progress Reports related to the issue.

The accredited provider must inform the learner of the joint sponsorship relationship through the use of the appropriate accreditation statement. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.

If a provider is placed on probation, it may not jointly sponsor CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the probation decision. A provider that is placed on probation must inform the MMS of all existing joint sponsorship relationships, and must notify its current contracted joint sponsors of its probationary status.

The MMS maintains no policy that requires or precludes accredited providers from charging a joint sponsorship fee.

ACCME’s Definition of a Commercial Interest as It Relates to Joint Sponsorship

In August 2007, the ACCME modified its definition of a “commercial interest.” As has been the case since 2004, commercial interests cannot be accredited providers and cannot be “joint sponsors.”

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be determined or influenced by a commercial interest.

If an accredited provider has questions related to its own corporate structure or that of a joint sponsor in the context of the definition of commercial interest, please contact the MMS at dmuir@mms.org.

Journal-based CME

A Journal-based CME activity describes a process by which accredited providers identify an article, within a peer-reviewed, professional journal, that serves as a planned learning activity. The process involves a stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process. This is usually done through the publisher of the journal, in which an article or series of articles are available for credit.

The MMS considers the following to be elements of a Journal-based CME activity.

1. Information to be communicated before a CME activity (e.g., disclosure information, disclosure of commercial support, objectives),
2. CME content (e.g., articles, lectures, handouts, and slide copies),
3. Content-specific post-tests, and
4. Education evaluation.

The educational content of journal CME must be within the MMS's definition of CME.

Journal-based CME activities must comply with all MMS Essential Areas and Elements including the ACCME Standards for Commercial SupportSM and Accreditation Requirements. There are two additional requirements that Journal-based CME must meet:

1. The MMS does not consider a Journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.
2. None of the elements of journal-based CME can contain any advertising or product group messages of 'commercial interests'. Disclosure information cannot contain trade names. The learner should not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

Monitoring Continuous Compliance

MMS Monitoring

Because of MMS's responsibility to the CME community and to the public for ensuring that providers meet MMS standards for quality continuing medical education, MMS may on occasion require providers to submit evidence of continuous compliance with the Accreditation Requirements prior to the normally scheduled review for reaccreditation. MMS would most likely request such evidence if information were brought to MMS's attention, either through a complaint or inquiry, or via other means, that questioned the accredited provider's ongoing compliance with the Accreditation Requirements.

If, through either the complaint/inquiry process or the re-accreditation process, MMS finds a provider's jointly-sponsored activities to be non-compliant with content validation requirements or the requirements for disclosure and commercial support, MMS may begin a formal process to continuously monitor the provider's ongoing compliance with the relevant accreditation requirements. This process could include verification of compliance through one or more Monitoring Progress Reports.

Additionally, when a non-accredited organization is associated with more than one MMS monitoring decision of Non-Compliance related to either content validity or disclosure and commercial support, MMS will notify its accredited providers of the name of the non-accredited organization. Accredited providers that enter into a joint sponsorship relationship or have jointly-sponsored activities with the non-accredited organization will be required to demonstrate compliance of those activities via a Monitoring Progress Report.

Self Monitoring

Most MMS accredited providers are evaluated for re-accreditation every four or six years. Once you have achieved accreditation, MMS expects that during your accreditation term, your organization will take an active role in ensuring that it is continuously meeting the expectations of MMS in its purview of CME.

Following are specific actions that you can do to assist your organization in keeping informed about the Accreditation Requirements:

- Ensure your email address is current with MMS to receive notifications on changes in continuing medical education (CME) or important accreditation requirements.
- Access the MMS accreditation webpage for most recent accreditation information: <http://www.massmed.org/accreditation>.
- Periodically review MMS's educational opportunities to help increase your organization's understanding of the MMS accreditation process and its Requirements.
- Contact the MMS with any questions you may have about your organization's compliance with the Accreditation Requirements.

Organizational or Personnel Changes

Contact Information

To keep providers aware of important policy updates as well as information specific to their individual accreditation, MMS requires accredited providers to promptly inform MMS of any personnel or organizational changes. These types of changes include changes of address or phone number or email address, and changes to the individual to whom providers would like MMS to send correspondence ("primary contact").

Changes may be submitted to dmuir@mms.org.

Corporate Change

If an MMS accredited provider undergoes a corporate change, (i.e., from a merger or acquisition), the MMS must be notified of the change as soon as possible.

Note: MMS accreditation is awarded to organizations that demonstrate compliance with Accreditation Requirements. For this reason, an organization cannot become an accredited provider by purchasing or merging with an organization that is already accredited. Transference of accreditation is not permitted without prior MMS approval.

Similarly, if an accredited provider undergoes **significant** organizational change, for example, becoming partially owned by a commercial interest or losing its 501(c) IRS tax status, the MMS considers the provider to be significantly different than the organization which was accredited. Therefore, the MMS will expect the provider to cease offering *AMA PRA Category 1 Credit™* as an MMS accredited provider. The MMS will set a date of non-accreditation for these providers.

The MMS will withdraw a provider's accreditation if the provider is dissolved, or ceases to exist, as a result of a merger, acquisition or dissolution.

When two or more MMS accredited providers merge, the MMS will consider that all but one of the accredited providers will cease to exist as an entity. The name of the remaining provider may be changed to reflect or include the name(s) of the former provider(s). The remaining provider must assume responsibility for unfinished CME activities and/or unexpired enduring materials of

the provider(s) with which it merged, and must maintain activity registration records for six years for the provider(s) with which it merged.

New providers created through corporate change must submit a Pre-application and/or Self Study Report per the direction of MMS as a first step towards initial MMS accreditation.

Records Retention

Specific CME activity records must be maintained by all accredited providers. Records retention requirements relate to the following two topics: **Physician Participation** and **Activity Documentation**.

1. **Physician Participation:** An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The MMS does not require sign-in sheets.

2. **Activity Documentation:** An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer. Maintenance of this documentation enables the provider to, at the time of reaccreditation, show MMS how the activities it provided during its current term of accreditation were compliant with all MMS Essential Areas and Elements including the Standards for Commercial SupportSM and Accreditation Requirements.

Additionally, if MMS receives a complaint about an accredited provider, and the complaint relates to the provider's implementation of one or more MMS Essential Areas or Elements or Accreditation Requirements, MMS may ask the provider to respond to the complaint according to MMS's Procedure for Handling Complaints/Inquiries. The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the MMS is limited to twelve months from the date of the activity, or in the case of a Regularly Scheduled Series (RSS), twelve months from the date of the activity which is in question.