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**Joint Providership Application Form**

This planning form collects all information necessary to plan and develop the proposed CME activity. Completion of all sections of this form is necessary to meet accreditation requirements. AMDA staff is available to help you navigate this process.

Visit [paltc.org/joint-providership](https://paltc.org/joint-providership) for resources, guidelines, trainings, and temlplates.

**Section 1 of 5: Activity Description**

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| **Activity Information**  *For Enduring Materials (On-demand content): List the dates available and the location (platform used to host content)* | | | | |
| **Title** |  | | | |
| **Location**  City, State, Zip OR Virtual: | |  | | |
| Date |  | | Time |  |
| Date |  | | Time |  |
| Date |  | | Time |  |

Additional dates, times, and locations attached.

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| **Type of Activity** *(select all that apply – your activity may include several of these components)* |
| Webinar(s)  Live In-Person: conference, symposium, workshop, etc  Live Virtual: conference, symposium, workshop, etc  On-demand material including pre-recorded content or recorded sessions  Interactive online course or content (enduring material)  Podcast  Other type of activity, please specify: Click to enter text. |

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| **Credit Type Requested** *(select all that apply)* |
| *AMA PRA Category 1 CreditsTM* (CME)  ABPLM Credit (CMD)  ABIM MOC Medical Knowledge credit points  *ABIM MOC Credit Requires the following:*   * Collection of ABIM Number and Birthdate * Providing feedback to learners. This confirms that learners participated meaningfully in the education. * Use the **ABIM MOC Menu of Feedback Options** to meet the feedback requirement available on our website: [paltc.org/joint-providership](https://paltc.org/joint-providership) |

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| **Provide a Brief Description of the Activity** |
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| **Section 2 of 5: Activity Contacts** | | | | | |
| **Activity Director/Chair**  The physician or planner who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified activity. | | | | | |
| **Name** |  | | | **Degree(s)** |  |
| Title |  | Affiliation |  | | |
| Email |  | Phone |  | | |
| **Administrative Coordinator/CME Associate**  The individual responsible for the operational and administrative support of the certified activity. | | | | | |
| **Name** |  | | | **Degree(s)** |  |
| Title |  | Affiliation |  | | |
| Email |  | Phone |  | | |

Check here if CME Associate is involved with selecting speakers, topics, influencing content.

**Section 3 of 5: Planning**

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| **Planning Committee and Review of Disclosures** | | | |
| ***INSTRUCTIONS:***   1. *List the names and credentials of the persons responsible for the design and implementation of this activity.* 2. *Collect disclosure of ALL financial relationships with ineligible companies prior to the planning of the activity.* ***Pro Tip: Use this fillable disclosure on our website:*** [***paltc.org/joint-providership***](https://paltc.org/joint-providership) 3. *List all relationships from disclosure forms in the table below.* 4. *Review the planning committee’s disclosures and determine if their disclosure is relevant to the planning of the activity. Indicate yes or no in the table below for each planner.* 5. *Ask the conflicted planner to abstain from planning the session/topics related to his/her relevant financial relationship. Attest to this in the table below for each planner with a conflict.*   You may provide information using a spreadsheet, word document, or fields below. If using another disclosure form, have this form pre-approved by AMDA. | | | |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Did planner abstain from planning the related topic? |  |

Additional Planning Committee Members Attached

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| **Planning Process** |
| 1. **Who identified the speakers and topics?** *(select all that apply)*   Activity Medical Director  Planning Committee  CME Associate/Staff  Other (provide names): Click to enter text.   1. **Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics?**   No  Yes, please explain: Click to enter text. |

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| **Target Audience** *(select all that apply)* |
| |  |  | | --- | --- | | **Provider Type:** | | | Medical Directors  Attending Physicians  Nurses/Nurse Practitioners  Pharmacists | Social Workers  Administrators  Physician Assistants  Other (specify): Click to enter text. | |

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| **Speakers/Faculty and Review of Disclosures** | | | |
| ***INSTRUCTIONS:***   1. *List the names and credentials of the persons responsible for the design and implementation of this activity.* 2. *Collect disclosure of ALL financial relationships with ineligible companies prior to the planning of the activity.* ***Pro Tip: Use this fillable disclosure form on our website:*** [***paltc.org/joint-providership***](https://paltc.org/joint-providership) 3. ***Are your faculty/speakers helping to plan your activity? Send them the Session Planning Form with Disclosure Form on our website:*** [***paltc.org/joint-providership***](https://paltc.org/joint-providership)    1. *This collects all the information you need for the Educational Design chart on the next page.* 4. *List all relationships from disclosure forms in the table below.* 5. *Review the speakers’/faculty’s disclosures and determine if their disclosure is relevant to the presentation(s) they are giving. Indicate yes or no in the Conflict Row for each speaker/faculty.* 6. *Choose one of the options below to mitigate the relevant financial relationship and indicate which choice was done by putting the letter in the Mitigation Option cell:*    1. Send email to speaker advising them of best practices and have them agree to abide by these guidelines. You must send the reply with consent email as a pdf with your application submission. *Use the template on our website:* [*paltc.org/joint-providership*](https://paltc.org/joint-providership)    2. Peer-review the presentation ahead of time using non-conflicted planners    3. Remove the speaker/faculty from the session    4. Ask the speaker/faculty to divest him/herself of the financial relationship   You may provide information using a spreadsheet, word document, or fields below. If using another disclosure form, have this form pre-approved by AMDA. | | | |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship from form: |  | Mitigation Option (Letter Choice): |  |

Additional Speakers/Faculty Attached

**Section 4 of 5: Educational Design**

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| **Identify the problem(s) your educational activity is trying to solve and how to measure success**  Pro Tip: have your faculty and planners help - Send them the Speaker Planning Form to fill out as they are planning their session.  ***Form available on our*** ***website:*** [***paltc.org/joint-providership***](https://paltc.org/joint-providership)***. This is OPTIONAL. This form includes the required disclosure form***  Please include submitted forms and summarize at 3 forms below. | | | | |
| **What is the practice-based problem?** | **Reason for Problem** | **What do learners need?** | **Learning Objectives** | **What is the goal of the education?** |
| *What are your learners not doing that they should be doing? What do they not know that they should?* | *See options below* | *What do your learners need to solve the problem?* | *What do you expect the learner to do in his/her practice setting?* | *What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?* |
| *Learners don’t know about coding updates and aren’t using appropriate codes.* | *Don’t know about it*  *Don’t know how*  *Don’t do it in real practice* | *Participants need to know about the coding changes, they need to update policies, know why the changes were made, know what the improvement(s) in payment for care management services by CMS are* | *1. Identify changes to codes*  *2. Update existing procedures*  *3. Discuss code changes with colleagues* | *Reduce coding errors by 50%, Educate other staff on correct coding, Update coding resources* |
|  | Don’t know about it  Don’t know how  Don’t do it in real practice |  |  |  |
|  | Don’t know about it  Don’t know how  Don’t do it in real practice |  |  |  |
|  | Don’t know about it  Don’t know how  Don’t do it in real practice |  |  |  |
|  | Don’t know about it  Don’t know how  Don’t do it in real practice |  |  |  |

Only 1 faculty member – only provide planning form

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| **Core Competencies (select 1 at minimum)**  *CME activities should be developed in the context of desirable physician attributes. Please indicate competencies will be addressed in this activity.* |
| **Patient Care or Patient-Centered Care**:*identify, respect, and care about patients’ differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.*  **Medical Knowledge**:*established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of this knowledge to patient care.*  **Practice-Based Learning and Improvement**:*involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.*  **Interpersonal and Communication Skills***: that result in effective information exchange and teaming with patients, their families and other health professionals.*  **Professionalism**: *commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.*  **System-Based Practice**:*actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*  **Interdisciplinary Teams**:*cooperate, collaborate, communicate, and integrate care teams to ensure that care is continuous and reliable.*  **Quality Improvement**: *identify errors and hazards in care: understand and implement basic safety design principles such as standardization and implications; continually understand and measure quality of care in terms of structure, process, and outcomes in needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.*  **Utilize Informatics**:*communicate, manage knowledge, mitigate error, and support decisions making using information technology.*  **Employ evidence-based practice:** *integrate best research with clinical expertise and patient values for optimum care and participate in learning and research activities to the extent feasible.* |

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| **How do you know there’s a practice-based problem?**  *\*Please indicate the sources used to identify the practice-based problem(s). Select all that apply and provide supportive documentation.* |
| New methods of diagnosis or treatment  Availability of new medication(s) or indications(s)  Development of new technology  Input from experts  Literature review  Data from outside sources, e.g., public health statistics  Survey of target audience/Previous program evaluation  Quality assurance/audit data  External requirements such as: *National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare (JCAHO) or Health Plan Employer Data and Information Set (HEDIS).*  Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews  Legislative, regulatory or organizational changes effecting patient care  Other: Click to enter text. |

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| **Identified Barriers (Select 1 at minimum)**  *What* ***potential*** *barriers to success will your learners face?* | |
| Lack of time to assess/counsel patients  Lack of administrative support/resources  Insurance/reimbursement issues  Patient compliance issues | Lack of consensus on professional guidelines  Cost  No perceived barriers  Other: Click to enter text. |

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| **What does the education look like?**  *How will you make the education stick? What educational strategies will you use to provide your learners the strategies/tools they need to solve the problem?*  *Select all that apply.* | |
| Didactic Lecture with Q&A  Panel Discussions with Q&A  Learner-led Roundtable Discussion  Pre-test and/or Post-test with answer rationale\*  Simulation/Role Play\*  Case Discussion with decision questions for audience\*  Self-Reflection time\* | Workbooks\*  Follow-up email reinforcing educational goals\*  References for future learning\*  Small group discussion\*  Take home toolkits or example policies/algorithms  Long-Term Outcomes survey\*  Other: Click to enter text. |

\**These methods may satisfy the ABIM MOC feedback requirements*

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| **Evaluation and Measuring Success**  *How will you measure if your learners changed their strategy, performance, or patient care successfully based on your identified goals in the Planning Worksheet on page 6?*  *Available Resources on our website:* [*paltc.org/joint-providership*](https://paltc.org/joint-providership)   1. ***Check out our Guide to Writing Good Questions.*** 2. ***Pro Tip: Use our Standard CME Evaluation Template and modify as needed*** | |
| **Evaluation Options** | |
| Evaluation form for participants with Commitment to Change Statement below **(REQUIRED)**  Customized pre and post-test | Interactive Polling (ARS) with questions that learners think through  Other: Click to enter text. |
| Customized follow-up survey/interview/focus group about actual change in practice at 3 months  *Commitment to Change Statement  Question must be included in your evaluation and must be required:*  **Please identify at least 1 strategy that you plan to implement in your practice based on the knowledge/competency gained from this activity.**  *(e.g. implement a QAPI program, identify knowledge gaps to educate the healthcare team, facilitate audits to ensure meds and supplements have true indications for use).* | |

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| **ABIM MOC Feedback:**  *Pro Tip: Check out the* ***MOC Feedback Options and Examples*** *document on our website:* [*paltc.org/joint-providership*](https://paltc.org/joint-providership)  *Indicate which ABIM MOC Feedback method your activity will use. Provide results in the post activity documents.* |
| Case Discussion Participation  Reflective Statement or Commitment to Change Statement – Leader/Facilitator summarizes feedback and  provides best next steps for learners via follow-up email  ARS/Poll Questions – must be able to provide proof of response  Quiz – Answers should have rationale/discussion  Simulation – Best practice or technique is discussed and shared throughout, or at the conclusion of Activity  Roundtable Summary Session – Live discussion of key takeaways or strategies with other learners. Facilitator provides best next steps for further learning. |

**Section 5 of 5: Finances and Funding**

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| **Income Sources** *You will be asked to provide a summary of the income received for this activity in the post-activity deliverables.*  [*View our pre-approved list of Commercial Support, Advertising, and Exhibit Opportunities.*](https://amdaorg-my.sharepoint.com/:b:/g/personal/ckeenan_paltc_org/EdoenEE8XrpNoVsWuh-B8IIBNuJGLMSbSAAkc7JlNn0VHQ?e=n8Ioom)  ***Select all that apply*** |
| No income will be received   Registration Fees   Exhibits    Advertising   Splash page of a conference app   Conference app push notifications   Government Grants (NIH, CMS, etc)   \*Non-Government Grants (includes nursing homes, pharmaceutical companies, foundations, etc)   Speakers who are paying to speak at Accredited Education sessions   \*In-Kind Donations of goods or services   \*Educational Grants    Other Click to enter text. |

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| **Evidence of “Opt-In”** ACCME requires attendees give consent to have accredited education providers share their contact information with ineligible companies. Attendees must be able to participate in the activity without giving this consent or “opting-in” to provide contact information.  Opting in must be an active decision on the attendee’s part and should not be included in a long list of acknowledgements.  *[View the ACCME Requirements Here](https://accme.org/faq/standard-2-what-meant-explicit-consent-learner)*  The easiest way to be compliant is to provide a checkbox on a registration form that uses the language below or similar language:  *“By checking this box, I consent to have <Organization Name> share my contact information with event exhibitors & supporters. <Organization Name> relies on exhibitors and sponsors to help support the organization and the event. We hope that you will opt-in to sharing your contact information with our supporters as they promote their presence at activity.”*  Attendees may check this box and then freely provide their contact information to exhibitors/sponsors on an individual basis at their own discretion. If you do not have explicit permission via an opt-in, your organization cannot provide a list of attendees or contact information directly to ineligible companies. This includes the use of mail houses or rentable lists with participants who have not given consent.  ***Please select your practice below*** |
| We do not provide attendee lists or contact information to ineligible companies/exhibitors/sponsors.   We do provide this information and have attached documentation of the “opt-in” requirement.  *May be a screenshot or registration form pdf with opt-in requirement.* |

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| \* **Funding for Activity Components**  *May Need Letters of Agreement if Ineligible Companies -* ***Select all that apply*** |
| Educational Sessions   Funding for speakers/students (includes fellows, residents, medical students, etc)   Producing bags or bag inserts (pens, notebooks, etc)   Producing lanyards   Internet/Wi-Fi   Design, printing, or shipping of the conference program   Renting and Placement of hand sanitizing stations   Beverage/Snack breaks outside the exhibit hall   Producing, licensing, renting, or creation of a conference app or website   Producing, licensing, renting, hosting of, or creation of an online course or recorded sessions   Producing, licensing, renting, hosting of, or creation of a mobile app online course or recordings   Producing, licensing, renting, hosting of a live virtual session (eg Zoom license, etc)   Other components of the activity that are distributed by the Chapter to all attendees  Click to enter text. |

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| **Expenditures** *May Need Letters of Agreement -* ***Select all that apply*** | | |
| **Are you providing honoraria and/or covering travel expenses to speakers/faculty?**   Yes  No  **Are you providing honoraria and/or covering travel expenses for non-speakers/faculty?**   Yes, Exhibitors   Yes, Students/Fellows via scholarships   Yes, Non-chapter staff   Yes, non-speaker/faculty learners   Yes, Other Click to enter text.   No | | |
| **Income Sources** *List all companies or organizations who are providing funding for the components that have \* in the above lists.*   1. \*Non-Government Grants (includes nursing homes, pharmaceutical companies, foundations, etc) 2. \*In-Kind Donations of goods or services 3. \*Educational Grants 4. All selected options in the Funding for Activity Components section   *If you know that the company is an \*\*ineligible company (formerly commercial interest), please submit the the required Letter of Agreement from our website:* [*paltc.org/joint-providership*](https://paltc.org/joint-providership) *unless given approval by AMDA.* ***Note: AMDA must sign these BEFORE your event.***  *If you do not have this type of funding, leave this table blank. AMDA may determine there is commercial support requiring a Letter of Agreement. AMDA will follow up with you.* | | |
|  | | |
| **Company** | **Describe the activity component being funded** | **Signed LOA Attached?** |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

I have read and agree to abide by the ACCME Standards for Integrity and Independence in Accredited Education.  
  
\*\****Ineligible companies*** *(formerly commercial interest) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

*Examples include, but are not limited to:*

* *Advertising, marketing, or communication firms whose clients are ineligible companies*
* *Bio-medical startups that have begun a governmental regulatory approval process*
* *Compounding pharmacies that manufacture proprietary compounds*
* *Device manufacturers or distributors*
* *Diagnostic labs that sell proprietary products*
* *Growers, distributors, manufacturers or sellers of medical foods and dietary supplements*
* *Manufacturers of health-related wearable products*
* *Pharmaceutical companies or distributors*
* *Pharmacy benefit managers*
* *Reagent manufacturers or sellers*

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| Application and Supporting Documents Checklist  *Any application that is submitted with this form completed or all of the documents below is subject to the Incomplete Application Fee.*  *All templates and resources listed below are available on our website:* [*paltc.org/joint-providership*](https://paltc.org/joint-providership) | |
| Agenda (or syllabus/course outline for enduring materials) with times, topics, speakers and objectives (Agenda must include objectives listed for each presentation/session) | |
| Planning committee roster in completed Disclosure Review Worksheet in the application | |
| Evidence for the identified problem(s)  *Can be: List of citations, previous evaluations, new guidelines, new requirements, etc* | |
| Disclosures completed by each planning committee member and presenter.  ***Use our Fillable Disclosure Form to save time!*** | |
| Speaker/Faculty roster in completed Disclosure Review Worksheet in the application | |
| Evaluation distributed to learners - *Evaluations can be done electronically or on paper.*  ***Use our Evaluation Template to save time!*** | |
| Disclosures of relevant financial relationships and commercial support that are being provided to learners. | |
| Evidence of “Opt-in” language granting permission for you to provide ineligible companies with attendee’s contact information if applicable. | |
| Sample participant certificate to be awarded. | |
| Letters of agreement from all financial supporters.  ***You must use this Letter of Agreement template and AMDA must sign it before the event.*** | |
| Enduring Materials: Screenshots of platform hosting the education, description page, launch page, and disclosure and accreditation information. Due: prior to launch of education activity | |
| Post Program Checklist | |
| Submit the post-activity online form with supporting documents outlined in the [*Online Form*](https://amda2015.wufoo.com/forms/zbetdau0htertc/)within 30 days of the close of this activity. Late fees will be charged for submissions after 30 days. | |
| **PLEASE PROVIDE THESE MATERIALS IN ELECTRONIC FORMAT AS INDICATED.** | |
| Signature (Typed Name is fine): | |
| You can either print and sign this document, sign it digitally, or type your name. | |
| My signature attests that all elements of program planning and implementation have adhered to requirements as indicated on the above checklists. I accept authority and responsibility for all aspects of planning and implementation according to AMDA requirements and ACCME Standards. Further, I attest that the planning and implementation of the program is in strict compliance with ACCME Standards for Integrity and Independence in Accredited Education and AMA Guidelines for Gifts to Physicians. Further, I agree to abide by all AMDA policies and requirements pertaining to providing programs for CME credit.I will provide the post-program materials on time as specified above. | |
|  |  |
| Program/Activity Director | Date |

**State Chapter Joint Providership Fees**

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| **Base Fees** | |
| Base Review Fee   * *Applicable to each new application* | *Is not per webinar/recording* * *Includes CME, ABPLM CMD Credit, ABIM MOC Credits* | $375.00 |
| Per Credit Hour Reviewed   * *Additional to Base Review Fee* * *Concurrent Sessions count as separate credit hours reviewed* | $25/per CME credit hour *Rounded up (.25, .5, .75 = 1 credit)* |
| Recordings of Pre-Approved Live Content:   * *Applies only to recordings of a previous Joint Providership activity* * *Credit is available for 3 years* * *Post-Activity Upgrade fees still apply* | Review Fee: $275 | $25 per credit  *Rounded up* |
|  |  |
| **Additional Fees** | |
| Incomplete Application Fee   * *For applications missing anything on the provided checklist* * *Speaker changes do not count towards the incomplete application fee* * *Applicable to late applications* | $300.00 |
| Application Late Fee   * *For applications received 60 days or less prior to the activity start date.* * *Applications that are late and incomplete are subject to the Incomplete Application Fee plus the Application Late Fee* | $300.00 |
| Post-Conference Late Fee *For post activity materials received 30 days or later after program end date.* | $300.00 |
| Re-Review Fee   * *For all applications that are revised after the official AMDA CME determination letter has been sent to the CME applicant.* * *Re-review fee is charged if the program content changes, or the CME applicant seeks to change the number of approved CME/ CMD/MOC credits.* * *A re-review fee does not apply in the event of a change in the start or end date of an activity or in the event of presenter or faculty changes.* | $300.00 |

**Non-Chapter Joint Providership Fees**

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| **Base Fees** | | | |
| **Fee** | **PGN/Corporate Member** | | **Non-Member** |
| Base Review Fee   * *Applicable to each new application* | *Is not per webinar/recording* * *Includes CME, ABPLM CMD Credit, ABIM MOC Credits* | $1,500.00 | | $2,000.00 |
| Per CME Credit Hour Reviewed   * *Additional to Base Review Fee* * *Concurrent Sessions count as separate credit hours reviewed* | $150/per CME credit  *Rounded up (.25, .5, .75 = 1 credit)* | | $200/per CME credit  *Rounded up (.25, .5, .75 = 1 credit)* |
| Recordings of Pre-Approved Live Content:   * *Applies only to recordings of a previous Joint Providership activity* * *Credit is available for 3 years* * *Post-Activity Upgrade fees still apply* | Review Fee: $1000 | $150 per credit  *Rounded up* | | Review Fee: $1500 | $200 per credit  *Rounded up* |
|  |  | | |
| **Additional Fees** | | | |
| Incomplete Application Fee   * *For applications missing anything on the provided checklist* * *Speaker changes do not count towards the incomplete application fee* * *Applicable to late applications* | | $300.00 | |
| Application Late Fee   * *For applications received 60 days or less prior to the activity start date.* * *Applications that are late and incomplete are subject to the Incomplete Application Fee plus the Application Late Fee* | | $300.00 | |
| Post-Conference Late Fee *For post activity materials received 30 days or later after program end date.* | | $300.00 | |
| Re-Review Fee   * *For all applications that are revised after the official AMDA CME determination letter has been sent to the CME applicant.* * *Re-review fee is charged if the program content changes, or the CME applicant seeks to change the number of approved CME/ CMD/MOC credits.* * *A re-review fee does not apply in the event of a change in the start or end date of an activity or in the event of presenter or faculty changes.* | | $300.00 | |