

# Joint Providership Application Form

This planning form collects the information necessary to plan and develop the proposed CME activity. Completion of all sections of this form is necessary to meet accreditation requirements. For assistance, contact [accreditation@paltmed.org](mailto:accreditation@paltmed.org)

Email completed applications and **all** supporting documentation outlined in the checklist on page 11 to [accreditation@paltmed.org](mailto:accreditation@paltmed.org). PALTmed reserves the right not to process applications received less than **60 days prior** to the activity.

Additional resources, guidance, and templates are available at [paltmed.org/joint-providership](https://paltmed.org/joint-providership)

# Section 1 of 5: Activity Details

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| **Activity Information** | | | | |
| **Title** |  | | | |
| **Location**  City, State, Zip OR Virtual: | |  | | |
| **Date(s)** |  | | **Time** |  |

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| **Brief Description of Activity** |
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| **Type of Activity** |
| Live Course *(An activity where the learner participates in real-time at a specific date/time, either in-person or virtually).*  Other type of activity, please specify: Click to enter text. |
| **Target Audience** *(select all that apply)* |
| Medical Directors  Social Workers  Physicians  Administrators  Nurses/Nurse Practitioners  Physician Assistants  Pharmacists  Other (specify): Click to enter text. |

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| **Credit Type Requested** *(select all that apply)* |
| *AMA PRA Category 1 CreditTM* (CME)  CMD Credit  ABIM MOC Medical Knowledge Points\*  *\*ABIM MOC Credit incurs an additional fee of $100 and must meet additional compliance requirements* |

Revised: 11/2024

# Section 2 of 5: Activity Contacts

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| **Primary Planner**  The individual who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of the activity. | | | | | |
| **Name** |  | | | **Degree(s)** |  |
| Title |  | Affiliation |  | | |
| Email |  | Phone |  | | |
| **Administrative Contact**  The individual responsible for administrative support of the activity. | | | | | |
| **Name** |  | | | **Degree(s)** |  |
| Title |  | Affiliation |  | | |
| Email |  | Phone |  | | |

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| **Billing Address** |
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**Section 3 of 5: Planning**

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| **Planning Committee and Review of Disclosures** | | | |
| ***INSTRUCTIONS:***   1. *Collect disclosure of ALL financial relationships with ineligible companies prior to the planning of the activity* ***including the Primary Planner and Administrative Contact***   *using the* PALTmed *template form on our website* [*paltmed.org/joint-providership*](https://paltmed.org/joint-providership)   1. *Review all disclosures and determine if the disclosure is relevant to the planning of the activity. Indicate yes or no in the table below for each planner.* 2. *List the names and credentials of everyone responsible for the planning, design, and implementation of this activity. List all relationships from the disclosure forms in the table below.* 3. *If a disclosure is relevant to the planning of the activity, notify the conflicted planner that they must abstain from planning the session/topics related to their relevant financial relationship. Attest to this in the table below for each planner with a conflict.* | | | |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Did planner abstain from planning the related topic? |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Did planner abstain from planning the related topic? |  |

Additional Planning Committee Members Attached

Revised: 11/2024

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| **Speakers/Faculty and Review of Disclosures** | | | |
| ***INSTRUCTIONS:***   1. *List the names and credentials of the people 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 using the PALTmed template on our website* [paltmed.org/joint-providership](https://paltmed.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:*** [paltmed.org/joint-providership](https://paltmed.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 mitigation option was used by putting the letter in the Mitigation Option field:*    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 verbiage on our website: [paltmed.org/joint-providership](https://paltmed.org/joint-providership)    2. Peer-review the presentation ahead of time using non-conflicted planners. A template peer review form is available on our website [paltmed.org/joint-providership](https://paltmed.org/joint-providership)    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 the fields below. | | | |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Mitigation Option (Letter Choice): |  |
| **Name, Credentials** |  | Is disclosure relevant to the content? (Yes/No) |  |
| List relationship(s) from form: |  | Mitigation Option (Letter Choice): |  |

Additional Speakers/Faculty Attached

Revised: 11/2024

# 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**  PALTmed has a helpful planning form available on our website that you may send to speakers/faculty to help identify the information below  [*paltmed.org/joint-providership*](https://paltmed.org/joint-providership) | | | | |
| **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 |  |  |  |

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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 that 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?**  *\* Indicate the sources below.* ***Supporting documentation used to identify the practice-based problem(s) is required****.* |
| 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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| **Educational Design Format**  *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 learning pearls\*  Resources for further study  Group discussions with debrief/QA\*  Take home toolkits or example policies/algorithms  Long-Term Outcomes survey  Other: Click to enter text. |

\*These methods may satisfy 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 5?*  *Joint providers are encouraged to use PALTmed’s evaluation template. Certain questions on the template (marked in red) are* ***required****. Additional questions may be added to the required template questions if desired. Indicate any* ***additional*** *evaluation tools you plan to use below.* |
| **Evaluation Options** |
| **☒** Evaluation form with required Commitment to  Change Statement below **(REQUIRED)**  Customized pre and post-test  Interactive Polling (ARS) with questions that learners think through |
| Customized follow-up survey/interview/focus group about actual change in practice at 3 months  Other: Click to enter text.  ***Commitment to Change Statement***  *Questions must be included in your evaluation and must be required:*   1. Do you intend to change your practice or implement new strategies as a result of your participation in this activity? [Yes / No] 2. What changes do you intend to make as a result of attending this activity? Aim to define at least one specific and measurable change/goal. [Text box] |

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| **ABIM MOC Feedback:**  *Check out the MOC Feedback Options and Examples document on our website:* [paltmed.org/joint-providership](https://paltmed.org/joint-providership)  *Indicate which ABIM MOC Feedback method your activity will use. Provide results/documentation of feedback method used in the Post-Activity Close Out Report.* |
| 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 must include 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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| Sources of Funding for the Educational Activity Check all funding sources that apply to the education. |

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| **A) Funding from ELIGIBLE organizations1** | **B) Funding from INELIGIBLE companies2** |
| No outside income will be received | Educational grant(s)/Commercial Support – Monetary |
| Registration fees  *Check here if member/non-member pricing applies* | Educational grant(s)/Commercial Support – In-Kind donations of goods or services |
| Government grants (e.g., NIH, CMS, FDA) | Other funding from ineligible companies (describe): Click to enter text. |
| Private donations (e.g., Foundations, nursing homes) |  |
| Other funding from eligible organizations (describe): Click to enter text. |  |

1 Organizations eligible to be accredited in the ACCME System (**eligible organizations**) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible.

2 Companies that are ineligible to be accredited in the ACCME System (**ineligible companies**) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

* *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*

For additional information consult the [Standards for Integrity and Independence in Accredited Continuing](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce) [Education](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce) or email [accreditation@paltmed.org](mailto:accreditation@paltmed.org)

## Next Steps for Educational Activity Funding

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| A. **Funding from ELIGIBLE organizations1 requires you to do the following:** |
| * Maintain records of all sources of funding, including registration fees * Provide total dollar amount(s) received to PALTmed in your Post-Activity Close Out Report. |

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| B. **Funding from INELIGIBLE companies2 -** This funding is considered “Commercial Support” and requires PALTmed’s approval and use of a Letter of Agreement (LOA). Note: this funding excludes advertising/promotion and only includes funds received for accredited components of the activity. | | | |
| * Complete the table below for all known sources of funding from ineligible companies. * Obtain PALTmed’s signature/approval for the funding via PALTmed’s template Letter of Agreement (LOA) or the funder’s online application. All LOA’s must be signed **prior** to the start of the activity. Please allow 2-4 weeks for PALTmed to complete the approval process. * Ensure that ineligible companies will not pay directly for any of the expenses related to the education or the learners, as described in ACCME Standard 4 below. | | | |
| **Name of Ineligible Company** | **Type of Support** | **Amount of Monetary Support, if any** | **Description of In-kind Support, if applicable** |
| *Medical Device Co, Inc.* | ☒ Monetary  ☒ In-kind | *$10,000* | *Ultrasound equipment* |
|  | Monetary  In-kind |  |  |
|  | Monetary  In-kind |  |  |
|  | Monetary  In-kind |  |  |
|  | Monetary  In-kind |  |  |

Per [ACCME Standard 4,](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-4-manage-commercial-support-appropriately) PALTmed and its Joint Provider must make all decisions regarding the receipt and disbursement of any commercial support, if received. Additionally,

* Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
* Commercial support (if any) may be used to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
* Commercial support (if any) may not be used to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
* Commercial support (if any) may be used to defray or eliminate the cost of the education for all learners.

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| **Do you intend to provide honoraria and/or travel reimbursements to planners, speakers, faculty or others involved in the activity?** |
| Yes *(You must retain all records of payments and provide them to PALTmed, if requested.)*  No |

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| **Income from Advertising, Exhibits and other Promotional Activities**  Per [ACCME Standard 5,](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-5-manage-ancillary-activities-offered-conjunction-accredited) it is required that accredited education be kept separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.  **Will there be advertising, exhibits, or other promotional activities offered in conjunction with this activity?** *(If “Yes,” you will be required to provide the total amount of income received from these sources on your Post-Activity Close Out Report).* |
| Yes (describe): Click to enter text.  No |

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| **Evidence of “Opt-In” Consent from Learners**  Per [ACCME Standard 2,](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-2-prevent-commercial-bias-and-marketing-accredited-continuing) accredited providers and joint providers must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner. Therefore, it is expected that you will explain to learners that you intend to share their information with an ineligible company. Additionally:   * the learner must have the ability to decide to “opt-in” or “opt-out” and still be able to register for the activity. * the consent statement must be clearly visible, i.e., not hidden in a long list of terms and conditions.   One method to accomplish this is to provide a checkbox on the registration form that uses the language below, or similar language:  *“By checking this box, I consent to having <Organization Name> share my name and contact information with event advertisers and/or exhibitors.”*  **If you do not have explicit permission via an opt-in or opt-out mechanism, your organization cannot provide attendees’ names or contact information directly to ineligible companies.** This includes the use of mail houses or rentable lists with information about participants who have not given consent. View the ACCME Requirements [here.](https://accme.org/faq/standard-2-what-meant-explicit-consent-learner) |
| **Will attendee names or contact information be provided to any ineligible company?**  Yes, we intend to provide attendee names or contact information to ineligible companies, e.g., advertisers, exhibitors, and/or their agents. *(Attach evidence, e.g., screenshot or PDF, of the “opt-in” mechanism used.)*  No, we do not intend to provide attendee names or contact information to ineligible companies, e.g., advertisers, exhibitors, and/or their agents. |

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| **Application and Supporting Documents Checklist**  ***Any application that is submitted without all documents listed below is subject to the Incomplete Application Fee.***  *Use this checklist to ensure you are providing all required documentation when submitting your completed application. All templates and resources listed below are available on our website:* [*paltmed.org/joint-providership*](https://paltmed.org/joint-providership) | |
| Agenda with times, speaker(s), session name, and learning objectives. Learning objectives must be included for each presentation/session.  Note: Agenda should also include any promotional sessions such as exhibit breaks or promotional meals with times and location clearly indicated. | |
| Evidence for the identified problem(s)  *Can be: List of citations, previous evaluations, new guidelines, new requirements, etc* | |
| Planning committee and Speaker/Faculty rosters are completed in Section 3 of the application. Submit evidence of mitigation, if applicable. | |
| Completed disclosure forms are attached for each planning committee member and speaker/faculty member. | |
| Evidence of how you intend to disclose to learners 1) the presence or absence of relevant financial relationships for all those in control of the activity and 2) commercial support from ineligible companies, if applicable.  Note: Can be screenshot of event website, note on agenda/attendee handout, etc | |
| Copy of evaluation that will be completed by learners | |
| Evidence of language used to obtain “Opt-in” consent from learners granting permission for you to provide ineligible companies with learners’ contact information, if applicable. | |
| Sample participant certificate to be awarded. Contact [accreditation@paltmed.org](mailto:accreditation@paltmed.org) for a template. | |
| Letters of agreement from all financial supporters, if applicable.  Note: Use PALTmed’s template Letter of Agreement. If funder requests use of alternate form, you must submit it to PALTmed for approval prior to signature. PALTmed must sign all LOAs before the activity. | |
| **Post Activity Close-Out Report** | |
| You will be required to 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 end of your activity. Late submissions are subject to additional fees. | |
| **PLEASE PROVIDE THESE MATERIALS IN ELECTRONIC FORMAT AS INDICATED.** | |
| **Print and sign this document, sign it digitally, or type your name.** | |
| My signature attests that I have read and agree to abide by the [ACCME Standards for Integrity and Independence](https://accme.org/rules/standards/) [in Accredited Education.](https://accme.org/rules/standards/) I attest 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 PALTmed 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 PALTmed policies and requirements pertaining to providing programs for CME credit. I will provide the post- program materials on time as specified above. | |
| Primary Planner Signature: | Date: |

**State Chapter Joint Providership Fees**

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| **Base Fees** | |
| Base Review Fee   * Applicable to each new application * Includes CME and ABPLM CMD Credit   + ABIM MOC Credits incur an additional fee of $100 | $450.00 |
| Per Credit Hour Reviewed   * Additional to Base Review Fee * Concurrent sessions count as separate credit hours reviewed | $40/per CME credit hour  *Rounded up (.25, .5, .75 = 1 credit)* |
|  | |
| **Additional Fees** | |
| Incomplete Application Fee   * Applicable to applications missing anything on the provided checklist * Note: Speaker changes do not count towards the incomplete application fee | $300.00 |
| Application Late Fee   * For applications received less than 60 days prior to the activity start date. * Applications that are late and incomplete are subject to both the Incomplete Application Fee and the Application Late Fee | $300.00 |
| Post-Conference Late Fee  For post activity materials received later than 30 days after activity end date. | $300.00 |
| Re-Review Fee   * Applicable to all applications that are revised after the official PALTmed 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. * Note: the 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 * Includes CME and ABPLM CMD Credit   + ABIM MOC Credits incur an additional fee of   $100 | $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)* |
|  | | | |
| **Additional Fees** | | | |
| Incomplete Application Fee   * Applicable to applications missing anything on the provided checklist * Note: Speaker changes do not count towards the incomplete application fee | | $300.00 | |
| Application Late Fee   * For applications received less than 60 days prior to the activity start date. * Applications that are late and incomplete are subject to both the Incomplete Application Fee and the Application Late Fee | | $300.00 | |
| Post-Conference Late Fee  For post activity materials received more than 30 days after activity end date. | | $300.00 | |
| Re-Review Fee   * Applicable to all applications that are revised after the official PALTmed 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. * Note: the 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 | |