



## **Pre-Application for Accreditation by the Colorado Medical Society**

*Note: If this pre-application is approved, and you proceed with applying for provisional accreditation for initial applicants (level1), the Colorado Medical Society requires that your organization plan and conduct at least 2 CME activities through joint sponsorship with an organization that is accredited by either a SMS or ACCME within 24 months of application. Additionally, the CMS must observe an educational activity for all initial applicants. This activity may be a “mock” CME activity at the time of the site survey.*

### **Name of the applicant organization:**

### **Chief Executive Officer of applicant organization:**

Name:

Title:

Address:

Phone:

Fax:

Email:

### **Individual responsible for the CME program and for the material contained within this pre-application (usually the physician chair):**

Name:

Title:

Address:

Phone:

Fax:

Email:

### **Contact person for application and survey:**

Name:

Title:

Address:

Phone:  
Fax:  
Email:

Check the classification that applies to you:

- Hospital # of active physicians on staff # of active beds
- Specialty Society # of members
- Managed Care Group # of physicians in the group
- Medical Practice # of members
- Other

CMS needs to ensure that your organization is not a commercial interest. The definition of a commercial interest is: “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients.” (Providers of clinical services directly to patients are not considered commercial interests.) A commercial interest is not eligible for accreditation. Some organizations are **exempt** from the definition of a commercial interest. These include for-profit hospital, government unit, medical group practice, liability insurance provider, health insurance provider, for-profit nursing home, for-profit rehabilitation center, non-healthcare related companies:

**My organization is exempt from the definition of a commercial interest because it is a:**

**Is your organization owned or controlled by a commercial interest?**

Yes  No  If yes, and you are not exempt, then, you are not eligible for accreditation.

To be eligible for CMS accreditation, you must

1. Have an organizational framework for the CME unit that provides the necessary resources to support its mission, and
2. Operate the business and management policies and procedures of its CME program (as it relates to human resources, financial affairs and legal obligations) so that your obligations and commitments are met.

**Does your organization employ staff?**

**Please attach a copy of the TABLE of CONTENTS** from your organization’s human resources, financial policies or procedures manual. (not your CME department policies, but your company’s policies) If you don’t have manuals, then attach other documents to demonstrate that the HR, financial and legal obligations and commitments are met (e.g. bylaws, membership guidelines, etc.)

**Please attach an organizational chart** that shows the structure and staff reporting relationships for your CME program.

**Please attach an income and expense statement for your CME program for the last year.**

**Does your organization have its own meeting facilities? Yes  No**   
**If no, describe facilities used**

**Does your organization have a medical library and/or does it provide access to computerized medical databases?**

**Yes**  We can demonstrate that all of the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for our indications and contraindications in the care of patients?

**Yes**  We can demonstrate that all scientific research referred to, reported or used in our CME activities in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection and analysis.

**Briefly describe what documentation you plan to provide to support these statements?**

**Is CME required by your organization?**

**If yes, what is the requirement?**

**Are you accredited by any other organizations? If yes, please list:**

**Does your program of continuing medical education serve physician learners, 70% or more of whom are from the state of Colorado or its bordering states?**  
Yes  No

**Please provide or attach your organization's CME mission statement:**

**Please attach the content of one of your CME activities held within the last 2 years.**

**Email this form and all attachments to [joanne\\_wojak@cms.org](mailto:joanne_wojak@cms.org). OR, mail entire pre-application with attachments to:**

**Colorado Medical Society/Continuing Medical Education  
7351 Lowry Boulevard  
Denver, CO 80230-6902**

The CMS will contact you within 2 weeks by phone, email or mail regarding this pre-application. There is no fee for this pre-application. Thank you.