



LSMS Guide to the Initial Accreditation Process: Demonstrating the ACCME’s Updated Accreditation Criteria

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Conducting Your Initial Self-Study

The self-study process provides an opportunity for an initial applicant to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

As an initial applicant, your organization is expected to provide a narrative and evidence for Level 1 Criteria (Criteria 1-3, and 7-12). Your organization may choose to submit a narrative and evidence for Level 2 (Criteria 4-6, and Criteria 13-15) and Level 3 Criteria (Criteria 16-22). The LSMS will give a compliance finding and feedback for your narrative and evidence for Level 2 and 3 Criteria, but the findings and feedback will not affect your organization's accreditation status.

An outline of the content of the *self-study report* is specified by the LSMS, but the process of conducting a *self-study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. Regardless of the size or nature of your program, the initial self-study is expected to address:

- The extent to which your organization has met its CME Mission (C1, C12)
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12)
- The extent to which, in the context of meeting your CME mission, your organization produces CME that:
 - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2)
 - Is designed to change competence, performance, or patient outcomes (C3)
 - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the proprietary interests of a commercial interest (C7-C10)

Additionally as an initial applicant; you may choose to address the following in your self-study:

- The extent to which, in the context of meeting your CME mission, your organization produces CME that:
 - Includes content matched to your learners' current or potential scopes of practice (C4)
 - Includes formats appropriate for the setting, objectives, and desired results (C5)
 - Is in the context of desirable physician attributes (C6)
- How implemented improvements helped your organization better meet its mission (C13-C15)
- The extent to which your organization is engaged with its environment (C16-C22)

Data Sources Used in the Initial Accreditation Process

The self study process is an opportunity for each applicant to demonstrate that its practice of CME is in compliance with the LSMS and ACCME's accreditation requirements through three primary sources of data about the provider's CME program:

Self-Study Report

Organizations are asked to provide descriptions, attachments, and examples to give the reader an understanding of CME practice(s) related to LSMS and ACCME Criteria and Policies. Descriptions are

narrative explanations. Attachments are specific documents. Examples are demonstrations of the implementation of the practices described that may include narrative and/or attachments.

Performance-in-Practice Review

Organizations are asked to verify that their CME activities are in compliance with LSMS and ACCME Criteria and Policies through the documentation review process. The initial applicant will present evidence to the LSMS for documentation review from at least two (2) recently completed educational activities.

Accreditation Interview

Organizations are presented with the opportunity to further describe the practices presented in the Self-Study Report and activity files, and provide clarification as needed, in conversation with a team of volunteer surveyors, who are colleagues from the CME community, trained by the LSMS.

The accreditation interview offers the provider the opportunity to discuss its CME program with qualified surveyors. LSMS surveyors will be assigned to review the self-study materials you submit to the LSMS. They will meet with representatives of your CME program to engage in a dialogue about your organization's policies and practices that ensure compliance with the LSMS Accreditation Criteria, including the ACCME's Standards for Commercial Support and Accreditation Policies.

At the interview, the surveyors will seek clarification about any questions they may have regarding the self-study materials you submitted to the LSMS. You can expect LSMS surveyors to: 1) conduct their interactions with providers in a professional manner, 2) be familiar with your materials and the LSMS and ACCME's Accreditation Criteria and Policies, and 3) communicate clearly and effectively with providers without offering consultative advice or feedback regarding compliance or the expected outcome of the accreditation review.

The LSMS may choose to have an on-site meeting at your organization's office, the site of an educational activity, or a face-to-face meeting at the LSMS headquarters. Interviews typically average 90 minutes in length. These meetings may be longer, depending on the time spent observing an educational activity. To ensure the validity of the process and based on circumstances and available resources, the LSMS reserves the right to make all final decisions regarding the interview format, date, time, and/or composition of the survey team. The LSMS will provide information about the process of scheduling the accreditation interview. The LSMS will confirm your assigned surveyor(s) and the interview date and time in advance via mail or email. Your organization will be asked to confirm receipt of this communication.

Please note, your organization must have an **on-site interview**, at your organization's administrative offices or at the site of a CME activity. These requirements must be fulfilled as a part of your organization's initial interview process. Your organization must have a CME activity **reviewed for compliance**, which entails the observation of one of your organization's CME activities by an LSMS volunteer surveyor, as part of your organization's subsequent reaccreditation review process.

Expectations about Materials

Materials submitted to the LSMS, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the applicant organization.

Materials submitted for accreditation (Self-Study Report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Missing or Incomplete Information

Applicants that meet all of the deadlines and submission requirements of the initial accreditation review process will receive an accreditation decision from the LSMS. Please note, if the LSMS is unable to render a decision due to missing or incomplete information, the LSMS reserves the right to request additional information, which may delay the accreditation decision.

Decision-Making Process

Your organization's compliance findings and the outcome of the accreditation review are determined by the LSMS based on the data and information collected in the accreditation process. The LSMS will also consider data from monitoring issues, if such data are applicable to the provider.

The data and information are analyzed and synthesized by the LSMS CME Accreditation Program (CMEAP) Committee. The LSMS site-surveyor team makes recommendations on findings and accreditation status which are then forwarded for action by the CMEAP Committee. All accreditation decisions are ratified by the full CMEAP Committee which meets on a quarterly basis. Accreditation decision letters are sent to providers via mail following the LSMS CMEAP Committee meeting.

The LSMS's review and initial accreditation decision will be based on your organization's demonstration of **Compliance with Level 1 Criteria (C1-C3 and C7-C12) only**. Compliance with Level 1 Criteria will lead to an accreditation outcome of Provisional Accreditation with a two-year accreditation term. However, if any of the Level 1 Criteria are found to be in Noncompliance, the accreditation outcome will be Non-Accreditation.

At the end of the two year term of Provisional Accreditation, your organization would be eligible for reaccreditation. If successful in reaccreditation, your organization would be eligible for a status of either Continued Accreditation (with a four year term) or Accreditation with Commendation (with a six year term).

OUTLINE FOR THE SELF-STUDY REPORT FOR INITIAL LSMS CME ACCREDITATION

Self Study Report Prologue

- **Provide** a brief narrative that tells the LSMS the history of your continuing medical education (CME) program.
- **Describe** the leadership structure and organizational structure of your CME program in an organizational chart.
- **Attach** a copy of your organizational chart that identifies the reporting position of the CME program.
- **Attach** a list of your CME program’s committee members. Include title or specialty and term dates.

Purpose And Mission (Criterion 1)

- **Attach** your CME mission statement.
- **Highlight** each of the required components (i.e., (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program, articulated in terms of changes in competence, performance, or patient outcomes. *(C1)*

Educational Activities (Criteria 2-7 and Policies)

The next set of items is designed to gather information on your incorporation of the LSMS’s requirements into your program of continuing medical education.

Tell us the ‘story’ of how you develop continuing medical education. Pick **two** of your CME activities as examples. Using these examples, within the context of your organization’s processes and mechanisms, describe for us all of the steps you went through to create these educational activities. In your narrative for Section III **(A)** the ACCME will be looking for:

• The professional practice gap that the activities were addressing	<i>(C2)</i>
• The educational need(s) that you determined were underlying the gap(s) for your learners	<i>(C2)</i>
• What competence or performance or patient outcome the activity was designed to change.	<i>(C3)</i>
• The mechanism(s) your organization used to a) <u>identify</u> and b) <u>resolve conflicts of interest for everyone in a position to control educational content (i.e., teachers, authors, planners, reviewers, and others who controlled content).</u>	<i>(C7 SCS2)</i>
• A description of a planning process that was independent of the control of any ACCME-defined commercial interest. Relate your description to each element of SCS 1.	<i>(C7 SCS1)</i>
• Your organization’s process(es) and mechanism(s) for disclosure to the learners of any relevant financial relationships of all persons in a position to control educational content.	<i>(C7 SCS 6.1 – 6.5)</i>
• Your organization’s process(es) and mechanism(s) for disclosure to the learners of the source of support from commercial interests, including “in-kind” support.	

Initial applicants may also address the following optional questions:

• How the activity matched the current or potential scope of professional practice (research, educational, administrative or clinical) of your learners.	(C4)
• Your explanation of why the format of the activity you chose was appropriate for the setting, objectives and desired results of the activity	(C5)
• The desirable physician attribute(s) you associated with the activity	(C6)

You may feel that the two examples of CME activities do not provide you with adequate opportunity to sufficiently describe how you apply the LSMS’s requirements in the development of your CME activities. Please feel free to provide other examples and descriptions that provide the LSMS with DIFFERENT information or DIFFERENT strategies that were not available in the two examples. This is especially important for a description of your implementation of the ACCME Standards for Commercial Support: *Standards to Ensure Independence in CME ActivitiesSM*.

Recording and verifying physician participation

- **Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities.
- Using the information from one of the example activities above, **show** the LSMS the information or reports that your organization can produce for an individual participant to verify his/her participation in a CME activity.

Regarding your program of CME, your educational activities and the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities (Criteria 8-9):

- **Attach** your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors – or include this statement in your narrative, **“We do not provide honoraria in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- **Attach** your written policies and procedures governing reimbursement of expenses for planners, teachers, and/or authors – or include this statement in your narrative, **“We do not provide reimbursement of expenses in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- **Describe** what policy, procedure, or communications you employ to ensure that no direct payment from an ACCME-defined commercial interest is given to the director of an activity, any planning committee members, teachers or authors, joint sponsor, or any others involved in an activity. (C8 SCS 3.3; 3.9)
- **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (C8 SCS 3.1) – or include this statement in your narrative, **“We do not accept commercial support for any of our directly or jointly sponsored CME activities.”**
- **Describe** what policy, procedure or communications you employ to ensure that all commercial support is given with your organization’s full knowledge and approval). (C8 SCS 3.3) – or include this statement in your narrative, **“We do not accept commercial support for any of our directly or jointly sponsored CME activities.”**

- **Describe** the practices, procedures or policies you have implemented to ensure that social events, or meals, at commercially supported CME activities cannot compete with or take precedence over educational events. (C8 SCS 3.11) – or include this statement in your narrative, **“We do not accept commercial support for any of our directly or jointly sponsored CME activities or “We do not provide social events or meals for any of our directly or jointly sponsored CME activities that are commercially supported.”**
- Do you organize **commercial exhibits** in association with any of your CME activities? If “No,” include this statement in your narrative, **“We do not organize commercial exhibits in association with any of our CME activities.”** If yes, **describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (C9 SCS 4.1)
- Do you arrange for **advertisements** in association with any of your CME activities? If “No,” include this statement in your narrative, **“We do not arrange for advertisements in association with any of our CME activities.”** If yes, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (C9 SCS 4.2, 4.4)

Regarding the Content of your Continuing Medical Education Activities (Criterion 10 and Policy on Content Validation)

It is an expectation of the LSMS that:

<i>The content of CME activities does not promote the proprietary interests of any commercial interests. (i.e., there is not commercial bias)</i>	<i>(C10 SCS 5.1)</i>
<i>CME activities give a balanced view of therapeutic options, and that</i>	<i>(C10 SCS 5.2)</i>
<i>The content of CME activities is in Compliance with the ACCME’s content validity value statements</i>	<i>(Policy on Content Validation)</i>

ACCME’s Policy on Content Validation: 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. 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. Providers are not eligible for LSMS 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.

- **Describe** how your CME activities and your program of continuing medical education ensure that these three expectations are fulfilled (e.g., planning, procedures, policy, monitoring).

Evaluation and Improvement (Criteria 11-15)

The LSMS expects all providers to conduct an evidence-based self-assessment of the degree to which their CME Mission has been met on an annual basis.

- **Provide** the LSMS with your program-based analysis explaining the degree to which each element of your CME mission has been met through the conduct of your CME activities/educational interventions. Integrate into this analysis the evidence (i.e., the data, information or documentation) on each element of your CME Mission upon which this analysis was based. Include data and information about changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions. (C11 and C12)

Initial applicants may also address the following optional questions:

The LSMS expects that providers seeking reaccreditation will use the information described in Evaluation and Improvement above, to identify opportunities, or areas, for improvements in the provider's CME activities or CME organization.

- **Provide** the LSMS with a description of the areas, or opportunities, for improvement that you identified through your self assessment described in Section VI (A), above. (C13) For each area, or opportunity, for improvement, specify what change you will be making to alter your self-assessment results. Indicate if the change is still planned for implementation, or if it has already been implemented. (C14) Where possible, describe the impact of implemented changes. (C15)

Engagement with the Environment (Criteria 16-22)

NOTE: The following questions are optional:

- If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. Include **examples** of explicit organizational practices that have been implemented. (C16)
- If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, **describe** the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. (C17)
- If your organization identifies factors outside of its control that will have an impact on patient outcomes, **describe** those factors. Include **examples** of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)
- If your organization implements educational strategies to remove, overcome, or address barriers to physician change, **describe** these strategies. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)
- If your organization is engaged in collaborative or cooperative relationships with other stakeholders, **describe** these relationships. Include **examples** of collaboration and cooperation with other stakeholders. (C20)
- If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. Include **examples** of your CME unit participating within an institutional or system framework for quality improvement. (C21)
- If your organization has positioned itself to influence the scope and content of activities/educational interventions, **describe** organizational procedures and practices that support this. Include **examples** of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22)

Requirements for Organizing and Formatting Your Self-Study Report

The Self-Study Report must be formatted as indicated to facilitate the review of your CME program:

- Eight (8) hard copies of the self-study report must be submitted to the LSMS. Keep a separate duplicate copy for your reference at any time during the accreditation process, but especially at the time of the accreditation interview. Anyone participating in the review process should also have a copy available.
- The self-study report must be submitted in a three-ring binder.
- The cover of each of the (8) Self-Study Report binders should clearly identify your organization by name. Use the full name of your organization as it is known to the LSMS (no acronym or abbreviations).
- Each page in the binder, including the attachments, must be consecutively numbered. The name (or abbreviation) of your organization must appear with the page number.
- The self-study report must be organized using divider tabs as specified by the LSMS.
- Narrative, attachments, and examples must be provided as indicated in the LSMS self-study report Outline.
- The self-study report must be typed with at least 1" margins (top, bottom and sides), using 11 point type or larger; double-sided printing is acceptable.
- Pertinent excerpts must be photocopied on standard paper for inclusion in the binder. Do not use plastic sleeves for single pages or for multi-page documents (i.e. brochures, handouts, etc). Do not staple documents.
- One electronic copy of the self-study report in its entirety must be submitted to the LSMS (in addition to the 8 binders), as a single PDF file on a CD-ROM or USB flash drive, bookmarked according to the seven sections of the LSMS Self-study report Outline.

Regarding Self-Study Report Divider Tabs

The self-study report must be organized using divider tabs to separate the content of the report in the seven sections of the LSMS Self-Study Report Outline. For the purpose of printing tabs, the titles of the sections have been abbreviated as follows:

- **Prologue**
- **Purpose And Mission (C1)**
- **Educational Activities (C2-7 and Policies)**
- **CME Program and Educational Activities (C8-9)**
- **Content of Educational Activities (C10 and Content Validation)**
- **Evaluation and Improvement (C11-15)**
- **Engagement with the Environment (C16-22)**

Please pay careful attention to the requirements for organizing and formatting the self-study report.

These requirements facilitate the review of your CME program. If they are not fulfilled, then all self-study materials will be rejected by the LSMS, and another complete set will be required by the LSMS by the new deadline.

The LSMS's Review of Performance-in-Practice

The LSMS's performance-in-practice review allows initial applicants to demonstrate compliance with the LSMS's expectations and offers initial applicants an opportunity to reflect on their CME practices.

Materials that demonstrate compliance with the LSMS's expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help an initial applicant show how an activity meets the LSMS's expectations with evidence not directly related to a specific CME activity. Initial applicants must include such materials in labeled evidence to verify compliance.

The LSMS's review of performance-in-practice requires the following actions by the initial applicant:

- 1) Selection of at least 2 CME activities for which the initial applicant will present labeled evidence to demonstrate compliance through performance-in-practice.
- 2) Submission of CME activity data for the CME activities selected by the initial applicant for performance-in-practice review.
- 3) Submission of labeled evidence of performance-in-practice for the activities selected.

Selecting Activities for Performance-in-Practice Review

The initial applicant will select two educational activities, completed within the last 24 months, for performance-in-practice review.

These activities may have been conducted in joint sponsorship with an accredited LSMS or ACCME provider or may be activities offered by the initial applicant without awarding CME credit. It is important to note, in all cases, the evidence of performance-in-practice from the activities the applicant chooses to present for review will be an important data source upon which the applicant's accreditation findings and decision will be based.

The initial applicant is expected to provide labeled evidence that will demonstrate compliance with applicable ACCME Level 1 Criteria (Criteria 1-3, and 7-12) and applicable LSMS and ACCME accreditation policies. The organization may choose to submit labeled evidence for applicable Level 2 (Criteria 4-6) and Level 3 Criteria (Criteria 16-22) as well, but that evidence will not be used to determine initial accreditation.

Requirements for Assembling and Formatting Performance-in-Practice Materials

The LSMS utilizes the review of an initial applicant's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets the LSMS and ACCME's expectations.

The requirements for assembling and submitting performance-in-practice materials to the LSMS for the accreditation process are outlined in this section.

Printing the Labels

Print the *Performance in Practice CME Activity Review Labels*. The labels are attached as a separate document. The label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*.

Labeling Evidence to Support Compliance

- Present materials that you developed and utilized for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to cause you to generate new or additional documentation.
- Apply the corresponding label to the first page of the evidence or on a coversheet. Cover sheets also help to organize and separate your documentation.
- Use discretion in selecting evidence that relates specifically to the criterion or policy and do not include documentation not required by the LSMS, such as faculty CVs, all completed participant evaluation forms, or handouts in their entirety.
- Please note, however, that signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters, if commercial support was received. Also, evidence of disclosing the presence or absence of relevant financial relationships to learners for all persons in control of content must be provided, along with a list identifying all persons in control of content with their names and their roles e.g., planners, faculty, reviewers, staff. The best strategy is to submit all related documentation that is necessary to demonstrate the identification and resolution of conflicts of interest for all persons in control of content. If an activity has an extraordinarily large number of persons in control of content, and the paperwork involved would pose a challenge, contact the LSMS staff to discuss possible alternate strategies.
- Blank forms, blank checklists, and policy documents alone do not verify performance-in-practice.
- Once you have affixed the label to the evidence or coversheet, use highlighting, arrows, circles, or callout boxes to pinpoint in the materials your demonstration of compliance.

Demonstrating Compliance with RSS

See *compliance with ACCME Requirements within an Institution's Regularly Scheduled Conferences*: http://www.accme.org/index.cfm/fa/news.detail/news_id/f94ed0e0-d38b-4d1e-aa9c-e08de45be040.cfm

The ACCME defines regularly scheduled series (RSS) as an educational activity that is presented as a series of sessions which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by, and presented to, the accredited organization's own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

A provider that produces RSS must ensure that they are designed and implemented in compliance with the LSMS and ACCME's requirements – just like any other activity type.

For the performance-in-practice review, RSS require a FOUR-part information set that includes,

- 1) a description of a monitoring system used to collect and analyze data regarding the compliance of the selected RSS; 2) a summary of the RSS monitoring data collected presented in summary or aggregated and 3) your analysis and compliance conclusions drawn from the data; and 4) your itemization and description of activity or program improvements needed and implemented;

OR

- 2) By using all of the performance-in-practice CME activity review labels for each annual series selected,
 - documentation of how the series was planned (C2 – C7 SCS1)

- Documentation from the implementation of the series to demonstrate compliance with the ACCME’s Standards of Commercial Support (C7SCS2 – C10)
- Documentation from the series to demonstrate data generated about learner change (C11)

Assembling Evidence of Performance-in-Practice

1. Submit labeled evidence for each activity selected in an 8 ½” by 11” file folder.
2. Affix a label on the front cover of the file folder that specifies:
 - Full name of your organization (no acronyms or abbreviations)
 - Activity title
 - Activity date and location
 - Type of activity
 - Directly or jointly sponsored activity
 - If commercial support was accepted

Enclosing the CME Product

If the activity for which you are labeling evidence is an enduring material, journal, or Internet CME activity, you are required to demonstrate that the activity is in compliance with the ACCME Policy that is specific to its activity type, in addition to demonstrating compliance with the Accreditation Criteria and other LSMS or ACCME Policies. Please refer to the specific policies related to these activity types on www.accme.org.

Where possible, affix the LSMS performance–in–practice CME activity review labels to hard copy evidence to show how these activities comply with the applicable policy. In addition, you must submit the CME product in its entirety for any Internet, journal-based and/or enduring material CME activity selected. In the product, you may also highlight, flag, note, describe, or otherwise provide written directions to ensure that you are showing where you are meeting the policy requirements.

For Internet activities, provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access on an archived Web site. If LSMS surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs, and passwords must be made available for the duration of your organization’s current accreditation review.

Application Expenses

A non refundable application fee of \$2,500 is required for initial and re-applicants. A check made payable to the Louisiana State Medical Society should be sent with the application materials. In addition, you are responsible for the expenses of the site survey team that will be paid by the LSMS and billed to your organization for reimbursement after the survey. You will also be required to pay a \$1000 annual maintenance fee if reaccredited. An accreditation decision will not be rendered until all outstanding fees/expenses are paid.

Submitting Materials to the LSMS

The following materials must be shipped for the LSMS's receipt:

- 8 copies of the self-study report in binders formatted and organized as specified
- One electronic copy of the self-study report as a single PDF file on a CD-ROM or flash drive
- One set of your evidence of performance-in-practice for 2 educational activities
- One copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected for performance-in-practice review
- CME Application Fee in the amount of \$2500 made payable to the Louisiana State Medical Society

Do not ship original documents. Self-Study Reports or Activity files will not be returned. Retain a duplicate set of materials including the Self-Study Report and labeled evidence of performance-in-practice for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview.

Ship Materials and Application Fee To:

Medical Education Coordinator
Louisiana State Medical Society
6767 Perkins Road
Suite 100
Baton Rouge, Louisiana 70808
Phone: (225) 763-8500