

# Guidelines for Promoting Accredited Continuing Education

A draft copy of all advertisements **must be approved by the Advocate Aurora Interprofessional Continuing Education (IPCE) Office before printing or distribution.** This ensures that all materials are compliant with the requirements of Joint Accreditation (JA) and Advocate Aurora Health.

## Visual Look of Promotional Materials

Pieces must remain educational, not promotional. Brochures may not include excessive information regarding the facilities and/or social activities to the point that it exceeds the educational information provided. The visual look and supporting images should be medical in nature, not promotional. For example, do not use photos of golfers or skiers, even if there is a social component of the program that features these activities. These materials must also comply with Advocate Aurora visual identity standards.

## Save the Date Guidelines

“Save the date” materials such as postcards or posters must be limited in content. These pieces cannot list exact amount of credit, speakers, or any other promotional information. They may only include the following:

Required Information	Preferred Information
<ul style="list-style-type: none"><li><input type="checkbox"/> Program title</li><li><input type="checkbox"/> Date of program</li><li><input type="checkbox"/> Time and place of program</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> The general topics covered</li><li><input type="checkbox"/> Name of the course director</li><li><input type="checkbox"/> Contact name and phone number for more information</li></ul>

**CME:** If the IPCE has already approved/certified the activity application for AMA PRA Category 1 Credit™, the announcement may read: *“This activity has been approved for AMA PRA Category 1 Credit™.”*

Providers may **never** publish or announce, “AMA PRA Category 1 Credit has been applied for.” Also, you cannot add how many credits it has been approved for on a Save the Date.

**CNE:**

**CPE:**

## Flyer Guidelines

It is recommended that the flyer contain each of the following elements:

Required Information	Preferred Information
<ul style="list-style-type: none"><li><input type="checkbox"/> Program name and /or program title</li><li><input type="checkbox"/> Speaker</li><li><input type="checkbox"/> Date of program</li><li><input type="checkbox"/> Time and place of program</li><li><input type="checkbox"/> Statement of purpose or overall learning objectives</li><li><input type="checkbox"/> Format</li><li><input type="checkbox"/> Target audience</li><li><input type="checkbox"/> Disclosure Statement (if applicable)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Name of the course director</li><li><input type="checkbox"/> Contact name and phone number for more information</li><li><input type="checkbox"/> Agenda</li></ul>

## Guidelines for Promoting Accredited Continuing Education

<ul style="list-style-type: none"> <li><input type="checkbox"/> Accreditation Statement and Designation of Credit Statement*</li> <li><input type="checkbox"/> Commercial support acknowledgement** (if applicable)</li> <li><input type="checkbox"/> Exhibit Support (if applicable)</li> </ul>	
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### Brochure Guidelines

It is recommended that the brochure contain each of the following elements:

Required Information	Preferred Information
<ul style="list-style-type: none"> <li><input type="checkbox"/> Advocate Aurora Health logo</li> <li><input type="checkbox"/> Program Title</li> <li><input type="checkbox"/> Date of program</li> <li><input type="checkbox"/> Time and place of program</li> <li><input type="checkbox"/> Statement of Purpose or Overall Learning Objectives</li> <li><input type="checkbox"/> Target audience</li> <li><input type="checkbox"/> Format</li> <li><input type="checkbox"/> Disclosure Statement (if applicable)</li> <li><input type="checkbox"/> Accreditation Statement and Designation of Credit Statement*</li> <li><input type="checkbox"/> Commercial support acknowledgement (if applicable)</li> <li><input type="checkbox"/> Exhibitor Support (if applicable)</li> <li><input type="checkbox"/> ADA Compliance Statement****</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Name of the course director</li> <li><input type="checkbox"/> Contact name and phone number for more information</li> <li><input type="checkbox"/> Agenda</li> <li><input type="checkbox"/> Speakers</li> <li><input type="checkbox"/> Registration fees and breakout sessions</li> <li><input type="checkbox"/> Refund policy statement - This is recommended, even if the policy is “no refunds”</li> <li><input type="checkbox"/> Advocate Aurora’s CE Learning Platform statement: For a complete listing of all Advocate Aurora Health’s accredited continuing education, visit our web site at <a href="https://cme.advocateaurorahealth.org">https://cme.advocateaurorahealth.org</a></li> </ul>

### Disclosure Statement Statements

If the accredited continuing education has not obtained all required disclosures, then the below statement should be added:

Acknowledgement of all disclosures for planner(s) and speaker(s) (nothing to disclose or the existence of relevant financial relationships) will be made at the activity. Conflict of interest will be identified and mitigated prior to the activity.

When a conference planner(s) and speaker(s) have no relevant financial relationships:

The planner(s) and speaker(s) have indicated that there are no relevant financial relationships with any ineligible companies to disclose.

When conference planner(s) and/or speaker(s) have relevant financial relationships:

## *Guidelines for Promoting Accredited Continuing Education*

The speaker, Joan Doe, MD, has disclosed that she is a Consultant for Medtronic. The planner, Emily Smith, MD, has disclosed that she is a Physician Advisory Board Member for Illinois Surgery Center. The other planner(s) and speaker(s) have indicated that there are no relevant financial relationships with any ineligible companies to disclose. Conflict of interests have been identified and mitigated prior to the activity.

### **\* Accreditation Statement and Designation of Credit Statement**

#### ***Continuing Medical Education (CME)***

The following official accreditation statements, and no other, must appear in the brochure in a separate paragraph and verbatim with the prescribed number of CME credits.

#### ***CME Accreditation Statement*** (choose 1):

##### **Single Provider**

In support of improving patient care, Advocate Aurora Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

##### **Joint Providership**

In support of improving patient care, this activity has been planned and implemented by Advocate Aurora Health and \_\_\_\_\_. Advocate Aurora Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

##### **Designation of Credit Statement:**

Advocate Aurora Health designates this [learning format] for a maximum of [# of credits] *AMA PRA Category 1 credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### ***Continuing Nursing Education (CNE)***

#### ***Continuing Pharmacy Education (CPE)***

#### ***Maintenance of Certification (MOC)***

##### American Board of Internal Medicine MOC Recognition Statement

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to [MOC point amount] MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

## *Guidelines for Promoting Accredited Continuing Education*

### American Board of Pediatrics MOC Recognition Statement:

Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn [number of points] MOC points in the American Board of Pediatrics (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.

### American Board of Pathology MOC Recognition Statement:

This activity has been registered to offer 1.0 Lifelong Learning (Part II) credit in the American Board of Pathology's (ABPath) Maintenance of Certification program.

### MOCA® Recognition Statement:

This activity contributes to the CME requirement for the CME component of the American Board of Anesthesiology's (ABA) redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, [www.theABA.org](http://www.theABA.org), for a list of all MOCA 2.0 requirements.

Maintenance of Certification in Anesthesiology™ program and MOCA® are registered trademarks of the American Board of Anesthesiology®. MOCA 2.0® is a trademark of The American Board of Anesthesiology®.

### American Board of Surgery Recognition Statement

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME [and Self-Assessment requirements] of the American Board of Surgery's Continuous Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit."

### Needs to be included with ALL MOC Statements

Participation information will be shared with the applicable Board through the Accreditation Council for Continuing Medical Education (ACCME) Program and Activity Reporting System (PARS).

### ***Portfolio Program***

This QI Effort meets MOC Part IV Standards and Guidelines for the ABMS Multi-Specialty Portfolio Approval Program Organization and is eligible for MOC Part IV through participating ABMS Member Boards.

\*\*\*OR\*\*\*

As an Approved Portfolio Sponsor, <<your organization name>> has been approved by the ABMS Multi-Specialty Portfolio Approval Program Organization to approve QI Efforts for MOC Part IV through XX/XX/XXXX <<end of Sponsor cycle>>.

### **\*\* Commercial Support**

Do not include logos of drug companies or other vendors. No product names or product logos are permitted. In all cases, care must be taken that the brochure does not include advertisements for anything other than the educational event. If using the Advocate Aurora Health bulk mail permit, please

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note that the US Postal Service prohibits its usage for activity brochures that appear commercial in nature. Using a for-profit company logo on a brochure is prohibited by Advocate Aurora Health and the Postmaster General.

Commercial support must be acknowledged with a statement that the program is “supported by an unrestricted educational grant” from *the organization(s)*.

### **\*\*\*Conflict of Interest Disclosure Statement**

The following official conflict of interest statement, and no other, may be used in a separate paragraph and verbatim:

The Advocate Aurora Health Interprofessional Continuing Education Office ensures balance, independence, objectivity, and scientific rigor in all of its accredited continuing education. All participating faculty, course directors, and planning committee members are required to disclose to the program audience any financial relationships related to the subject matter of this program. Disclosure information is reviewed in advance in order to manage and mitigate any possible conflicts of interest. All faculty and planning committee members have attested that their financial relationships do not affect their ability to present well-balanced evidence-based content for this activity. Specific disclosure information for each course faculty will be shared with the audience prior to the faculty’s presentation.

### **\*\*\*\*ADA Compliance Statement**

All accredited continuing education promotional materials must include a mechanism for participants to alert organizers to special needs or accommodations required by the Americans with Disabilities Act of 1990 (P.L. 101-336)

Examples:

Advocate Aurora Health subscribes to the articles of Title III of the Americans with Disabilities Act of 1990. Should you or anyone accompanying you require special assistance, please notify us by contacting [*phone number of conference contact*].

**or**

In accordance with the Americans with Disabilities Act, Advocate Aurora Health seeks to make this conference accessible to all. If you have a disability, which might require special accommodations, please e-mail your needs to: [*e-mail address of conference contact*] or call [*phone number of conference contact*].