

CME Self Study Monitoring and Validation of Category 1 Credit Awarded

| Phases 1 - 7 | CME Monitoring | Resource link | Frequency and forms link | Validation of Credit | Every 2yrs | | | |
|-----------------|---|---|--|---|---------------|--|--|--|
| Phase 1 | CME Self Study Application | Your electronic file copy of your application | Every 2 years | Continuity of award of Category 1 Credit | | | | |
| → | →→ | → | Quarterly | →→ | Qtrly | | | |
| Phase 2 | CME Effectiveness Reporting | https://jcesom.marshall.edu/media/54775/cm e-effectiveness.pdf | Quarterly Review Quarterly report to CME https://jcesom.marshall.edu/media/55579/cme-participant-quarterly-impact-study.pdf https://jcesom.marshall.edu/media/55578/cme-focus-group-quarterly-study.pdf | Utilize the Participant Impact Study and determine changes to your activity via the Focus Group Review | | | | |
| Phase 3 | Clinical Problem Identification | https://jcesom.marshall.edu/continuing-medical-education/policies-forms/ | Quarterly Review Quarterly report to CME https://jcesom.marshall.edu/media/54764/quarterly-clinical-problem-id.pdf | Relate identified clinical problem to your sponsored activity to aid in “gap” closure in knowledge, competence, performance or patient outcomes | | | | |
| | | | Weekly | | Weekly | | | |
| Phase 4 | CME Attendance Sheet (online) https://jcesom.marshall.edu/media/56399/cmeattendance-sheet.pdf | Online Form: https://jcesom.marshall.edu/continuing-medical-education/policies-forms/ | Per activity Schedule Return to CME in 5 business days after the date of your activity | CME records physician credit after receipt and verification of initials or signature | | | | |
| | | | Yearly or by event | | Yrly | | | |
| Phase 5 | Disclosure Requirement | Form: https://jcesom.marshall.edu/continuing-medical-education/policies-forms/ | Every 12 months for each physician or before event date | Maintain a copy in your department. Original Forms returned to CME or filed with the Self Study Application | | | | |

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|----------------|---------------------------------|--|--|--|----------------|--|--|--|
| | | | Qtrly, weekly or by event | | Qtrly | | | |
| Phase 6 | CME Evaluation | <p>Template provided by CME via the website</p> <p>https://icesom.marshall.edu/continuing-medical-education/policies-forms/</p> | <p>Quarterly, weekly or for event date</p> <p>Form: https://icesom.marshall.edu/media/54776/cme-evaluation-template.pdf</p> | <p>Maintain a copy in your department.</p> <p>Original Forms returned to CME for review</p> | | | | |
| | | | Every 6 months | | Every 6 months | | | |
| Phase 7 | CME Physician Transcript | <p>Copies provided in PDF format via email to institutional representative</p> | <p>Transcripts to institutional representative from CME every 6 months</p> | <p>CME records maintained for 6 years per physician.</p> | | | | |