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ASPEN Joint Providership Program with affiliate chapters

**Table of Contents**

|  |  |
| --- | --- |
| 1. [**Introduction**](#Introduction) | **3** |
| 1. [**Annual Timeline and Chapter Responsibilities**](#Timeline) | **4** |
| 1. [**Costs and Disbursement of Funds**](#Costs) | **10** |
| 1. [**ASPEN Responsibilities Chart**](#ASPEN) | **11** |
| 1. [**Primer on Program Development**](#Primer) | **13** |
| 1. [Joint Providership of Education Activity Checklists and Forms](#Checklist) | **34** |

1. **Introductio****n**

*History and General Information*

In October 2012, the ASPEN board of directors approved a two-year pilot program of the re-establishment of a joint providership arrangement between the ASPEN national office and affiliate chapters for the provision of continuing education (CE) credit to dietitians, nurses, pharmacists and physicians at chapter annual events. This program is available to all chapters in good standing. A chapter in good standing meets the following requirements:

1. Must be up-to-date on filing the chapter’s annual report with ASPEN
2. Must be listed as tax exempt on the IRS website: <http://apps.irs.gov/app/eos/>
3. Must have a current chapter officers’ roster on file with ASPEN
4. All chapter members must be members of ASPEN national

Additionally, chapters are not obligated to go through ASPEN to provide CE credit for the annual events if another process is already in place that meets the needs of the chapter. The below timeline provides an overview of the time to launch, implement and review the joint providership arrangement.

* February 2013 – May 2013: Recruit and hire staff member to manage the program. Development of program implementation resources.
* July 2013 – release program materials to chapters
* June 2015 - ASPEN Board meeting to include evaluation of pilot and determination of future of the program.
* Note: based on a 2-year pilot program, chapter events through the fall of 2015 will be included. The Board will review in June 2015. If the program is discontinued, events approved for future meetings (including fall 2015 or possibly spring 2016) would still occur as planned.
* September 2015 - ASPEN Board approved the continuation of the joint providership program for ASPEN Chapters in good standing. This decision remains in place as of January 2023.

1. **Annual Timeline and Chapter Responsibilities**

One of the most important components of planning is **allowing enough time in advance of the educational activity to accomplish all the steps necessary to produce a CE-compliant program** for four different disciplines. To ensure both ASPEN and chapters can meet all requirements of the four accreditation bodies, the following submission timeline has been established and must be adhered to annually.

|  |  |  |
| --- | --- | --- |
| **Event Dates** | **Letter of Intent Due on or Before**  (8 – 10 months prior) | **Proposal Due on or Before**  (5 – 7 months prior) |
| **January, February, March** | May 1 | August 1 |
| **April, May, June** | August 1 | November 1 |
| **July, August, September** | November 1 | February 1 |
| **October, November, December** | February 1 | May 1 |

Additionally, there are several other important dates and details to keep in mind to stay on track with planning, documentation, and implementation of the event. Adhering to this timeline will help Chapters give planning committee members and speakers ample time to assemble the required resources and documents for a successful program. **Missing components will delay program approval and could result in ending the joint providership relationship between ASPEN and the Chapter**. It is therefore imperative that all required documents and resources are submitted to ASPEN within the timeframes listed below. Following these lists, further along in the handbook is a detailed description on program development, checklists and sample forms to assist the chapter through the entire process.

| **STEPS TO OBTAIN CE** | **DUE BY** | **REQUESTING ORGANIZATION RESPONSIBILITIES** |
| --- | --- | --- |
| **Before Program is Approved** | | |
| **STEP 1- Letter of Intent**  **(refer to Step 1 folder for guidelines, forms and samples.)** | **8-10 Months prior to the Event (refer to Chart above for specific dates)** | * Review materials and timeline provided by ASPEN * Form a planning committee for the annual event. *Planning committee must include a dietitian, nurse, pharmacist and physician. ASPEN can facilitate the placement of one of these members if the Chapter has trouble finding someone.* **Planning committee members cannot be employees of ineligible companies/commercial entities/industry.** * Submit a letter of intent to apply for joint providership to ASPEN. Letter of intent should include at *minimum:*    + the name and mission of the requesting organization;   + brief description of the program including anticipated date time and location of the event;   + names and contact information of the planning committee members;   + conflict of interest disclosures for each of the planning committee members   + CVs for each member of the planning committee;   + a preliminary budget for the program.   + Attestation that chapter leaders involved with the program are familiar with the timelines and consequences of non-adherence * Submit letter of intent according to the annual timeline based on when the event will be offered. |
| **STEP 2- Program Proposal**  **(refer to Step 2 folder for guidelines, forms and samples.)** | **5-7 Months prior to the Event (refer to Chart above for specific dates)** | * Planning committee members and the EPD committee member liaison to collect and analyze practice gap information and subsequently develop event goals and objectives, plan the event, identify speakers, etc. Note: EPD committee member liaison is not a working member of the planning committee, but an advisor. *All meeting minutes need to be saved to be provided to ASPEN* * **NOTE: at no time during this planning phase should there be any discussions with any members of ineligible companies/industry about the event. Individuals in industry may not provide suggestions for topics, speakers, etc. Industry employees cannot serve as speakers or have any involvement in the planning and implementation, no exceptions.** * Once the event is planned and speakers identified and invited, complete a proposal to submit to ASPEN by the deadline noted in the annual timeline. Submission should include   + the proposal   + faculty conflict of interest disclosures   + faculty CVs * Proposals submitted after the deadline will not be considered. * Upon approval of the program, Chapter president or designee to work with ASPEN to complete the LOA for the joint providership. * With a signed LOA, chapters will be required to submit the $750 program fee for the joint providership. |
| **Once a joint providership agreement is established** | | |
| **STEP 3- Marketing Materials**  **(refer to Step 3 folder for guidelines, forms and samples.)** | 5 Months Prior- Pricing Structure and Brochure  45 Days Prior- Onsite Materials | * Create pricing structure for the event and submit the information to ASPEN. Chapters need to implement a member/nonmember fee structure. Chapters should consider increasing the fee by $10 for management of the program. * Include exhibitor fees and if exhibitors will be allowed to claim credit, please specify how many individuals will be allowed to claim per exhibit. * Develop marketing materials (brochures, flyers, emails, websites, etc) while adhering to accreditation standards as described in the handbook provided by ASPEN. * Submit drafts of the materials to ASPEN staff to review and provide guidance. (These documents go through several rounds of revisions. Allow ample time for review and completion by deadline.) * If desired, work with industry partners to obtain support for the program. Chapter leaders are responsible for securing their own industry support. ASPEN staff will not assist with this process. * Obtain a LOA from all ineligible companies/industry partners (this does not include exhibitors, those are a separate agreement) for support received. Submit completed and signed LOA to ASPEN for final CEO signature. *The LOA should be signed by the chapter president and the industry partner before final signature by the CEO is added.*  **All LOAs must be fully executed by all parties prior to the event, no exceptions.** * Participate in conference calls to review rules for industry activities. * Create conference materials – at a minimum each attendee should receive a conference program which includes   + documentation of support received   + a description of the program with the sessions and speakers listed   + CE information   + speaker and planning committee disclosure information.   + many chapters also like to provide speaker handouts to participants prior to the event * Final packet must be approved by ASPEN at least 45 days prior to the event. |
| **STEP 4- Speaker Management**  **(refer to Step 4 folder for guidelines, forms and samples.)** | Continuous from planning through implementation of event | * Speaker management as directed by ASPEN and the speaker packet. * Collect slides from all speakers, ensure slides comply with the slide template. Planning committee members, EPD liaison and staff to review slides for any sign of commercial bias. * Facilitate slide presentation edits with speakers. * Provision of presentation slides to attendees is not required. However, the chapter should maintain a copy of the slides to submit to ASPEN for accreditation purposes * If presentation slides are not provided to attendees, recommend providing the outlines speakers complete to attendees. * Submit edits to event evaluation to ASPEN (must be approved with the rest of the on site materials) |
| To Do Onsite | | |
|  |  | * Register any walk-ins via ASPEN online store if possible (will need a laptop and internet access to complete.) * If onsite registrants prefer to pay by check, complete paper registration forms and collect and send all paper/check registrations to ASPEN office immediately upon the conclusion of the event. * Create and retain sign in sheet of all attendees for each day of the event. |
| **Upon completion of the event** | | |
| **STEP 5- Finances and Documentation**  **(refer to Step 5 folder for guidelines, forms and samples.)** | 30 Days Following Event Conclusion | * Submit final paperwork to ASPEN within 30 days of completion of the event. This includes but is not limited to   + full attendee registration list   + information for onsite registrants   + copies of all planning meeting minutes   + speaker presentations   + financial/budget documentation, etc. * Submit final event expense report within 60 days of completion of the event. * Provide ASPEN with any additional documentation to maintain accurate files of the event from planning through implementation.   *Failure to comply with post event documentation will result in chapter event fees being withheld and may compromise the ability of the chapter to partner with ASPEN in the future.* |

1. **Costs and Disbursement of Funds**

**Paid by Chapter**

1. Joint providership fee paid by Chapter

to ASPEN per event\* **$750**

1. Credit card fees for online registration **4% of all fees**

*Note, this is not a change from current practice if registrations are submitted online*

1. CE System fee per event\* **$200**

(up to 200 participants, paid by chapter)

**Paid by ASPEN**

1. CE System Initial Set-up (paid by ASPEN) **$1000**

No longer assessed this fee as it was paid when the

chapter CE program launched several years ago.

\*An event is any activity that requires its own registration, marketing, management of speakers and presentations, evaluations for claiming CE credit, etc. Per the policies outlined below, an event must be a minimum of two credit hours in duration.

ASPEN suggests that chapters consider increasing the attendee registration fee slightly, such as by $10.00 to help offset the additional costs the chapter will incur. Additionally, if not already in place, chapters should charge different registration fees for chapter members and nonmembers.

Within 30 days of the chapter providing ASPEN with onsite registration forms and payment, ASPEN will disburse the registration funds to the chapters less the 4% credit card fees and $200 for the online CE system. Payment will include a detailed reconciliation form for chapter financial records.

1. **Attendee Registration**

All individuals who participate in the chapter event as attendees must have a registration entered into ASPEN’s association management database. This includes all complimentary registrations such as vendor/exhibitor registrants who will be offered the opportunity to claim continuing education credit(s). Attendee registration is required via this avenue to ensure attendees have access to ASPEN’s eLearning Center, where the program evaluations will be completed as well as the submission of claims for CE credit and records of earned CE credit will be stored. The failure of an individual or group to register via ASPEN’s database will result in the inability of that party to claim continuing education credit(s).

Once the LOA between the chapter and ASPEN is signed, the event can be created in the database and listed as a product for sale on ASPEN’s website. The chapter is strongly encouraged to share the link via chapter websites, emails about the event, on event brochures, etc. The information that will be needed to create the program as an event is:

* + - Program title
    - Program dates
    - Program location
    - Program registration fees (member and nonmember, discipline specific rates, effective dates for various fee structures, exhibitor rates, special discounts, etc.)
    - Program description
    - Cancellation policy

Once the program is created, online registrations with payment via credit card will be accepted. Individuals who wish to pay via faxing or mailing the registration for chapter events should send or fax the appropriate registration form to ASPEN with payment by check made payable to ASPEN for the chapter event.

ASPEN will provide the chapter with weekly registration reports from three weeks prior to the event and up to the time of the event.

Attendees who register onsite at the event should still use ASPEN’s online store at the registration desk. If participants prefer to pay by check, they must complete a registration form and make checks payable to ASPEN The chapter will then send the registration forms and payment to ASPEN Sending this to ASPEN should be done immediately following the conclusion of the event to ensure the chapter receives their event registration fees in a timely manner to settle event-related financial obligations and that attendees can complete evaluations and claim CE credit.

1. **ASPEN Responsibilities Chart**

The below chart is a summary of the responsibilities of ASPEN throughout the entire process of planning and implementing the program. Please note that the responsibilities are subject to change as accreditation guidelines change. ASPEN will notify chapters of any changes as soon as possible.

| **ASPEN RESPONSIBILITIES** |
| --- |
| **Prior to developing a joint providership agreement**   * Update and/or create handbooks and other materials to assist chapters in applying for a joint providership with ASPEN * Identify resources for the chapter leaders and planning committee members to use to become educated on accreditation requirements as needed * Set annual timelines for chapters * Annually, notify chapters of the processes and deadlines for obtaining CE credits for their annual events. Share handbooks and other resources with chapter leaders annually * Upon receipt and acceptance of a letter of intent from a chapter, assign a member of the EPD committee to serve as the ASPEN liaison to the chapter for planning of the event. * Upon receipt of proposals, the EPD committee will review and discuss each proposal, make suggestions for change as needed and vote on the proposal. * Communicate any needed changes to the program to the chapter planning committee. * Communicate the decision of the EPD committee to the chapter in regards to the proposal. * Once a proposal is accepted, provide the chapter president with a letter of agreement (LOA) to enter into with ASPEN for the joint providership of the event. |
| **Once a joint providership agreement is established through the event**   * Establish the chapter event as a product for purchase in the association management database. * Enter event in the accreditation systems, assign pharmacist codes, etc. * Work with chapters on the development of marketing materials to ensure all necessary components are included. * Work with chapters on finalizing terms of the LOA with industry partners for support for the event. * CEO to sign all LOA’s for support from industry partners. * Work with chapters on finalizing terms of vendors/exhibitors who will participate in the event * Review with chapter leaders and planning committee members the rules for industry activities at live events. * Ensure sample forms in handbook are current for chapter to develop a speaker packet to chapters to share with the speakers – includes affirmation statements, acknowledgement of honoraria, slide template, etc. * Staff to participate in review of slides for commercial bias and ensuring all required elements are included. * Assist chapters in the development of conference materials and syllabus. * Create an evaluation tool for use upon completion of the program * Build the chapter event into the online evaluation and CE system and work with the vendor to ensure system is functioning properly for each event. * Provide materials about ASPEN for the chapter to feature in the exhibit hall or at the event if no exhibit hall will exist. * Maintain files and copies of all event documentation such as LOA’s, marketing materials, presentations, meeting minutes, etc. |
| **Upon completion of the event**   * Assist chapter event attendees in completing evaluations and claiming of CE credit. * Put onsite registrants into the database and allow for claiming of CE credit. * Provide chapter with event evaluation summaries once CE system closes. * Once final paperwork is received, release conference registration fees collected via online registration to the chapter, less the credit card fees. Provide a documented financial statement with the check. * ASPEN submits all reports to the accreditation boards. * ASPEN maintains all accreditation files for each activity in ASPEN records for at least seven years. |

1. **Primer on Program Development**
2. ***Joint Providership Policy and Procedures***

The information in this section is designed to provide chapters with information on planning and implementing a successful and compliant interprofessional educational program for CE credit.

ASPEN is accredited as a provider of educational activities, not an approver of others’ programs. This means that when ASPEN and a chapter enter into the joint providership arrangement, that ASPEN must become an integral part of the planning process from the beginning. This is the only way ASPEN can be of any assistance in providing CE credit for chapter events. ASPEN takes the responsibilities to the accrediting organizations quite seriously, and will not compromise the ability to directly provide education by knowingly trying to by-pass the regulations under which our provider accreditations were granted. In the event the appropriate steps are not adhered to, the joint providership relationship may be compromised.

ASPEN maintains the following accreditation:

* Joint accreditation for the healthcare team through the American Nurses Credentialing Center (ANCC), Accreditation Council for Pharmacy Education (ACPE) and Accreditation Council for Continuing Medical Education (ACCME)
* Nurses through the California Board of Registered Nursing, CEP 3971
* Through its accreditation, ASPEN provides CE credit to dietitians, nurses, pharmacists, and physicians.

Each organization emphasizes slightly different aspects of the process of planning, developing, documenting and evaluating continuing education activities. To provide CE credit to all four disciplines, ASPEN has merged these criteria/requirements into a useable system. The results are somewhat daunting. The attempt is to make the process as clear and easy as possible.

*Definitions*

Joint providership

The providership of a CE activity by one accredited and one nonaccredited organization. Therefore, accredited providers that plan and present one or more activities with non-accredited providers are engaging in “joint providership.”

Planning, developing and implementing an educational activity by two or more organizations or agencies. The joint providership organization may not be an ineligible company or sponsor.

*Policy Statements*

1. Joint provider is a professional and/or scientific organization or educational institution or ASPEN Chapter.
2. Joint provider cannot be an ineligible company (commercial interest or sponsor).
3. Proposed education program is not in conflict with another ASPEN educational activity.
4. Members of the EPD Committee are involved in the planning, development, implementation and evaluation of the program. ASPEN maintains control of the program objectives and content, selection of presenters, awarding of contact hours, and record keeping.
5. The EPD Committee has final approval authority over all aspects of the program.
6. The program budget and financial arrangements are understood and agreed upon prior to entry into the formal agreement for the joint providership
7. A minimum of 2 credit hours must be offered for the program.
8. Program planning, administration, and record-keeping meet continuing education credit requirements for all disciplines of the target audience for the program.
9. A Letter of Agreement (LOA), which clearly outlines the responsibilities of each party, along with financial arrangements must be completed at least six months in advance of the program
10. ASPEN reserves the right to withdraw joint providership from an activity should the requesting organization not maintain their responsibilities as outlined in above mentioned LOA
11. ASPEN will have an opportunity to provide Society information at the event.
12. ASPEN reserves the right to modify the requirements of joint providership agreement based on revisions to policies imposed by the accrediting bodies.
13. *Elements of Interprofessional Continuing Education Program Development*

This section contains elements of program development shared by all accrediting organizations.

***Planning Process for Continuing Education Programs:***

* 1. Select program committee. Committee should have representation from all disciplines. CVs and conflict of interest disclosure statements must be obtained from all committee members and submitted with the letter of intent.

*SPECIAL REQUIREMENTS* for any continuing education program that will (1) target an interprofessional audience (2) have ASPEN as the provider for continuing education credit

* A minimum of one member of each discipline – dietitians, nurse, pharmacist, and physician to be involved with the planning of the event
* A representative from ASPEN’s Education and Professional Development Committee must be included on the committee. This individual will be appointed by ASPEN and serve as a liaison, not a working member of the planning committee.

Note: communication among committee members may occur in person, by phone, email, fax, etc. KEEP PROOF OF ALL COMMITTEE WORK. Document qualifications of committee members to direct the program (the documentation of these qualifications can be the CV).

* 1. Obtain a list of educational needs by doing needs assessment. ***Document*** your process.

How did you get the idea that anyone would benefit from taking your proposed program?

Accreditation requires that you identify and DOCUMENT (via emails/letters/copies of questionnaires/article copies/audit results, etc) the **process** and **sources** you use to determine that any given educational program will benefit participants and their patients. **This should be included and referenced in your program proposal upon submission.** Here is a summary of some potential sources of needs-assessment data.

### SOME NEEDS ASSESSMENT SOURCES & TECHNIQUES

|  |  |
| --- | --- |
| * Periodic surveys /questionnaires of target audience | * Use of advisory/planning committee that includes target audience members |
| * Topics suggested by participants in evaluations from previous programs | * Observation of inter-disciplinary processes that may need refinement / education |
| * Audits of professional practice to ID areas in need of strengthening | * Information supplied by accreditation organizations |
| * Problems / issues related to practice | * General professional issues |
| * Governmental policies affecting practice | * Future trends –research results in practice area |
| * Documented (by you) discussion groups | * Analysis of patient population / patient care requirements |
| * Review of professional literature (such as “Issues in Nursing” on ANCC website). Clinical trends, future developmental needs, predictions about health care, social and population trends | * Informal requests – put them in writing please. |
| * Hospital / Organization Committee Meeting minutes such as CPR, Infection Control, Risk Management, Patient Care, * Interdisciplinary Nutrition Support Teams. | * Quality Assurance and professional AUDIT findings. |
| * Statistics on patient outcomes | * Patient responses/evaluations. |
| * Suggestions from supervisory, professional and administrative personnel | * Meetings with educators re areas requiring clarification, higher level practice info |
| * Meet / discuss needs with other similar organizations that have a similar target audience | * Popular listserv topic discussions that identify practice gaps. |
| * Summary of performance evaluations for common educational needs. | * **YOUR INGENIOUS NEEDS ASSESSMENT SOURCES GO HERE\*** |

* 1. Analyze needs to determine topics, difficulty level, best educational methods, etc.
  2. Topic selection has documented needs assessment data as noted above

The necessity for education on a specific topic identified by a gap in professional practice.

* 1. Topic selected has an identified practice gap

A professional practice gap is defined as a gap between what the professional is doing compared to what is achievable on the basis of current knowledge. Basically, what do you want participants to do that they are not currently doing? Gaps can be in knowledge, competence, performance, or patient outcomes and should be measurable in some way.

* + - Knowledge: presence of experience
    - Competence: knowing how to apply knowledge to practice
    - Performance: doing it
    - Patient Outcome: measuring patient records against the new knowledge
  1. Identify target audience.
  2. Can you profile the professionals who will benefit from taking your proposed educational program, or who do you wish to attract to a program? Estimate attendance by discipline.
  3. Accreditation standards require you to identify the people you will be trying to serve by providing educational programs. As ASPEN is a specialty society, we tend to provide advanced programs aimed at degreed/registered professionals in multiple disciplines who have strong interest in or specialize in nutrition support/clinical nutrition and metabolism. At times, we have sought newcomers by offering basic courses in nutrition support. Those courses had to be identified and marketed as being specifically for beginners in nutrition support. Several disciplines indicate that all courses must be above/beyond the coursework required for professional registration or basic degree.
  4. Define whom you wish to serve. Advanced practice vs. beginner? Specialty vs. general? Other? These will be the professionals whose needs you will assess to determine program goal/objectives/topics.

1. Set overall program goal and objectives, i.e., link identified needs to desired results and program type
2. Accreditation criteria require that an overall Program GOAL and specific OBJECTIVES be stated. Additionally, every speaker/presenter must provide specific learning objectives for their presentations that support the overall program GOAL.
3. GOAL: statement of intent that describes how the activity will enrich the practitioner’s contributions to quality health care and/or the pursuit of professional career goals. The goal should support your organization’s mission statement.
4. OBJECTIVES: define the expected outcome of the activity and support the GOAL. What can the LEARNER expect to know or do as a result of completing the activity? Objectives developed as a result of the needs assessment data and are written in behavioral terminology and suggest outcome measures of activity success or effectiveness.
5. OVERALL PROGRAM GOAL / OBJECTIVES: Develop these early! They will be used in promotion, instructional materials, and assessment and evaluation tools.
6. Special note for education programs for pharmacists that also applies across the board to all disciplines: Goal/objectives must relate to content that is appropriate for a pharmacist, appropriate for the activity type (knowledge, application or practice) for what a pharmacist will be able to do at the end of the activity.
   * + Knowledge-based CPE activity: These CPE activities are primarily constructed to transmit knowledge (i.e., facts). The facts must be based on evidence as accepted in the literature by the health care professions.
     + Application-based CPE activity. These CPE activities are primarily constructed to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions.
     + Practice-based CPE activity. [Previously named Certificate Programs in Pharmacy] These CPE activities are primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. The information within the practice-based CPE activity must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component and a practice experience component. The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of

the stated professional competencies.

1. Develop your time sequence and program schedule.
2. Establish a budget (if not already done).
3. Select location and date(s).

Common sense prevails in this criterion. Make sure suitable equipment is available (projection system, audio, demonstration equipment, etc.) And, make sure your participants are comfortable (adequate space, climate control, rest rooms, water). One note: if a demonstration is to be done, figure out how everyone will be able to see it, and some constructive time-occupier to keep busy those not actively involved in observation. You need to document these plans.

1. Decide whether to obtain commercial financial support.

(Contract from ASPEN is required if outside contributions are accepted)

1. Fees for program and CE credit
2. Policies (refunds, cancellation, grievance, deadlines, Americans with Disabilities Act)
3. Establish criteria for faculty selection.

You must document criteria used to select faculty. The accreditation requirements for presenters and their teaching strategies, methods and materials are summarized below:

FACULTY SELECTION CRITERIA

* Faculty cannot be employees of any ineligible company/commercial entity/industry, no exceptions.
* Competent/expert in subject matter (OBTAIN CV – IT IS REQUIRED!)
* Demonstrated comfort with teaching methodology/highly regarded teaching ability/skilled in instruction for adults
* Demonstrated familiarity with target audience and ability to meet the needs of the learners
* Provides balanced discussion with NO COMMERCIAL BIAS. (Sensitive to CE regulations on commercial bias.) NO mention of specific products may be made (use product categories and generic descriptions)
* Uses instructional methods appropriate to topic, i.e. congruent with the objectives and content. Example: if discussing a psychomotor process, demonstration and return demonstration are appropriate instructional methods. (*Aware of appropriate instructional tools )*
* Uses instructional methods approved for adult learning such as collaboration for problem solving, discussion groups, and case studies. *(Skilled in using adult learning techniques)*
* Uses scientific principles and current information with references/bibliography

*(High level of scientific integrity)*

FACULTY REQUIREMENTS

* Faculty disclosures of financial relationships are mandatory. (Reference this document’s section on Non-commercialism and attached disclosure documents)
* Faculty must disclose discussion of off-label usage and limitations on information including ongoing research, preliminary data, unsupported opinion, or not the ONLY opinion.
* Instructional materials are timely, CURRENT and medically sound.
* Summary/outline of presentation, along with Goal and specific learning objectives, references / bibliography, post-presentation test questions, case study, problem solving activity are provided for inclusion in Syllabus.
* Presenters involve participants in interactive learning as a method of solidifying data presented and confirming that objectives have been met. How? Use of case studies, problem solving, simulation exercises, structured question / answer sessions, group discussion, creation of an action plan, panel discussions. Open floor for interactive discussion. Leave time for questions and completion of program evaluation form.
* Learning preferences of target audience are considered by presenter when selecting delivery method to be used.
* Presenters take an active role in development of presentation – document this. (objectives, outline, post-presentation activities, determination of TIME needed to attain objectives)

NOTE: Encourage the presenter to include information on how the data can be applied to participants’ practice while also identifying areas for future research. In other words – se the challenge for the members of the target audience.

1. Develop marketing strategies, timing and materials.

Program announcement literature will meet all accreditation guidelines and will include the following information:

1. Adequate advanced information must be provided to prospective participants to enable them to be well-informed consumers of CE programs. REQUIRED ELEMENTS for all brochures/ads/memos/invitations/announcements/Syllabi/web postings/etc.
2. MANDATORY CRITERIA FOR WRITTEN MATERIALS

* Educational purpose, goals and specific learning
  + Note: if you have a topic where there are multiple speakers, you may provide an overall goal and program objectives in your promotional material rather than goal/objectives for every speaker’s individual presentation. HOWEVER, the Syllabus does need learning objectives for each presentation.
* Target audience: individuals who will benefit from taking the program
* Faculty members, credentials/degrees, title/position, and disclosure information (or notice of how disclosure data will be provided). At a minimum, disclosure information must be provided in program syllabus.
* Fees for the program stating what is and is not covered by the fee. Deadlines for registration, cancellations and fee refunds.
* Schedule of educational activities.
* The amount of continuing education credit that can be earned through participation and successful completion of the program.
* The official logo of each accrediting organization is used as appropriate in conjunction with the official statement identifying the approved provider(s) sponsoring or cosponsoring the program. ASPEN will provide these statements to be used.
* For ACPE, the Universal Activity Number (UAN) assigned to the program with the pharmacy designee
* For ACPE, the type of activity being provided: knowledge, application, or practice.
* For CDR, the learning level (1,2,3) assigned to the program.
* Description of requirements established for successful completion of the continuing education program and subsequent awarding of credit.
* Acknowledgement of outside organization(s) providing financial support will be included, but will not be product specific. When acknowledging in the syllabus, must be at the front of the syllabus.
* The initial release date (or date of most recent review) and termination date for ongoing programs, and enduring or home study programs
* Internet based activities must include
  + - Hardware requirements: minimum hardware requirements including the minimum memory, storage, processor speed and multimedia components required by the learner
    - Software requirements: minimum software requirements including the Internet Browser(s) and minimum version along with any Browser “plug –ins” that may be required.
    - Internet: internet and minimum connectivity speed that the learner must have
    - Provider contact information: the accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the internet continuing education activity
    - Policy on Privacy and Confidentiality: accredited provider must have , adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the continuing education activities it provides on the internet.
    - Method of user participation in the learning process
* Americans with Disabilities Act Statement.
* Grievance Policy
* Statement that attendance at this event does not qualify the nurse attendee to alter their scope of practice.
* Statement that product endorsement does not exist
* Location of program (City/State)
* ASPEN address / phone number /fax / website

# *Implementation*

* 1. Select and contract with faculty (including disclosure, release forms, responsibilities, reimbursement policies).
  2. Develop learner goal and objectives with faculty for each presentation.

Objectives should be MEASURABLE i.e., identify observable actions (who will do what as measured by what and by when), and support the overall goal FROM THE STUDENT’S PERSPECTIVE. Here is a very handy list of words that are action oriented and useful for creation of objectives.

#### **OBJECTIVES DEVELOPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| ACQUISITION OF KNOWLEDGE | ENHANCEMENT OF THINKING SKILLS | DEVELOPMENT OF PSYCHOMOTOR SKILLS | CHANGES IN ATTITUDES, VALUES, FEELINGS |
| identify | reflect | demonstrate | challenge |
| list | compare | produce | defend |
| define | contrast | assemble | judge |
| state | classify | install | accept |
| prepare | evaluate | operate | adopt |
| recall | forecast | detect | advocate |
| express | formulate | locate | bargain |
| categorize | investigate | isolate | cooperate |
| chart | modify | arrange | endorse |
| rank | organize | build | justify |
| distinguish | plan | conduct | persuade |
| explain | research | check | resolve |
| inform | study | manipulate | select |
| label | translate | fix | dispute |
| specify | differentiate | lay out | approve |
| tell | analyze | perform | choose |
| recite | compute | sort | feel |
| choose | devise | construct | care |
| name | review | draw | express |
| trace | write | solve |  |
| select | match | adjust |  |
| construct | answer |  |  |
| find |  |  |  |

* 1. Determine content and bibliography with faculty.

## CONTENT and SUBJECT MATTER

ASPEN is jointly accredited by the ACCME, ACPE, and ANCC. This accreditation is focused on delivering continuing education activities planned by the healthcare team for the healthcare team. Interprofessional continuing education (IPCE) is when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes.

According to the World Health Organization (WHO), interprofessional education (IPE) is an action that “occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010). IPE is designed to address the professional practice gaps of the healthcare team using an educational planning process that reflects input from the professionals who make up the team. The education is designed to change the skills/strategy, performance, or patient outcomes of the healthcare team.

Joint Accreditation enables IPE by aligning the accrediting systems of three global leaders so organizations that choose to develop education for the healthcare team can satisfy all accreditation requirements via a single, unified application process, eligibility criteria, and fee structure.

**Integrate Planning for Interprofessional Activities**

The planning process for educational activities classified as “interprofessional” must demonstrate:

* An integrated planning process that includes health care professionals from 2 or more professions.
* An integrated planning process that includes health care professionals who are reflective of the target audience members the activity is designed to address.
* An intent to achieve outcome(s) that reflect a change in skills, strategy, or performance of the health care team and/or patient outcomes.
* Reflection of 1 or more of the interprofessional competencies to include: values/ ethics, roles/ responsibilities, interprofessional communication, and/or teams/teamwork.
* An opportunity for learners to learn with, from, and about each other.
* Activity evaluations that seek to determine:
  + Changes in skills, strategy, performance of one's role of contribution as a member of the healthcare team; and/or
  + Impact on the healthcare team; and/or
  + Impact on patient outcomes

**Increase Knowledge, Skills, Performance & Relationships**

Continuing education consists of educational activities, which serve to maintain, develop or increase the knowledge, skills, and professional performance, and relationships that a healthcare professional uses to provide services for patients, the public or the profession. The content of CE is that body of knowledge and skills generally recognized and accepted by the profession as within the basic healthcare sciences, the discipline of healthcare, and the provision of health care to the public.

**Validate Clinical Content**

Accredited providers are responsible for validating the clinical content of CE activities that they provide. Specifically,

* All the recommendations involving healthcare in a CE activity must be based on evidence that is accepted within the profession as adequate justification for their indications and contraindications in the care of patients.
* All scientific research referred to, reported, or used in CE 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 Joint Accreditation if they present activities that promote recommendations, treatment, or manners of practicing healthcare that are not within the definition of CE, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CE is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for Joint Accreditation.

**Patient Safety**

All members of the healthcare team share responsibility for promoting patient safety and enhancing quality of patient care. Educators play a critical role in preparing and reinforcing healthcare professionals to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by healthcare teams who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

When patients are engaged in the planning, delivery, or evaluation of accredited continuing education, the jointly accredited provider must ensure that appropriate patient protection measures are implemented as applicable by professional standards, as well as state, federal, or international regulatory requirements.

*For Dietitians*:

* Content must relate to the field of Nutrition and Dietetics.
* Must be above the level required for registration as a dietitian
* Integrate/apply principles from science of food, nutrition, management, biology, physiology, behavioral and social science to achieve & maintain optimal human health.
* *SPECIAL REQUIREMENT****:*** *Identify CDR learning levels in all printed materials:*
* Level 1 = Assumes minimal knowledge of literature and professional practice in area covered.
* Level 2 = Assumes general knowledge of literature and practice in the area covered.
* Level 3 = Assumes thorough knowledge of literature and professional practice in area covered.
  1. Determine CDR difficulty level (1-3) as listed above and ACPE content category (1 to 5) as described below. ASPEN typically assigns the ACPE content category when developing the UAN, but does welcome input from planning committee members as the program is being developed.
* 01: Disease State Management/Drug Therapy - activities that address drugs, drug

therapy, and/or disease states.

* 02: HIV/AIDS - activities that address therapeutic, social, ethical, or psychological

issues related to the understanding and treatment of patients with HIV/AIDS.

* 03: Law Related to Pharmacy Practice - activities that address federal, state, or

local laws and/or regulations affecting the practice of pharmacy.

* 04: Pharmacy Administration - activities that address topics relevant to the

practice of pharmacy that include the economic, social, administrative and

managerial aspects of pharmacy practice and health care.

* 05: Patient Safety - activities that address topics relevant to the prevention of

healthcare errors and the elimination or mitigation of patient injury caused by

healthcare errors.

* 06: Immunizations - activities related to the provision of immunizations, i.e.,

recommend immunization schedules, administration procedures, proper storage

and disposal, and record keeping. This also includes review for appropriateness or

contraindication and identifying and reporting adverse drug events and providing

necessary first aid.

* 07: Compounding - activities related to sterile, nonsterile, and hazardous drug

compounding for humans and animals. This includes best practices and USP

quality assurance standards, environmental testing and control, record keeping,

error detection and reporting, and continuous quality improvement processes.

* 08: Pain Management - activities that address any component regarding the

treatment and management of pain, including the prescribing, distribution and use

of opioid medications, and/or the risks, symptoms, and treatment of opioid

misuse/addiction.

* 99: Additional Topic Areas – activities related to topics relevant to the practice of

pharmacy not included in the classifications of the topic designators 01-08.

* 1. Select teaching strategies and learning activities.
  2. Select resources (audio-visual, handouts, reference lists).
  3. Successful completion of the program is defined as participation in the education activity claimed for credit and completion of the activity and program evaluation in ASPEN’s eLearning Center. This is the general practice ASPEN follows, however there are alternative ways to determine successful completion that can be implemented. This information must be included in the syllabus and printed matter from the time registration is allowed.

EXAMPLES OF ALTERNATIVE WAYS TO DEFINE SUCCESSFUL COMPLETION

* Attendance at the entire activity –self reported or documented by electronics or sign in roster AND…

Adequately completed evaluation forms (indicating discipline)

* *ACPE Preferred:* Written test for Pharmacists, the test would have to be graded, and results equal a pre-determined level of achievement of objectives to qualify for continuing education credit. Minimally, have questions available in syllabus; require completion of evaluation form.
* Return demonstration (when appropriate)

Document how you verify attendance

* Roll call or check-off attendance roster
* Sign in log
* Self-reported attendance
  1. Establish proposed contact hours and assign ACPE UANs to the program. ASPEN will assign UAN, however committee planners should determine the schedule from which contact hours can be determined.
  2. Build the event, evaluations and CE certificates in ASPEN’s eLearning Center. ASPEN staff will do this and utilize the standard evaluation, however if there are specific questions you want included, those should be provided to ASPEN

*IMPORTANT NOTE*: Evaluation questions are worded to prove/disprove activity effectiveness in meeting the original educational needs, as stated in the GOAL and objectives. Tracking and measuring the process of converting educational needs into (measurable) program outcomes is ultimately the job of the program evaluations.

1. EVALUATION CRITERIA – summary of requirements from all disciplines and the reason why ASPEN evaluations are so long.

* Overall satisfaction: achievement of personal goals and objectives (Did the program meet professional education needs?)
* Did the objectives support the overall activity goal (which should be related to the original needs assessment results).
* Did the participant achieve each/every stated objective? If not, comments would be appropriate. (I.e., not enough time dedicated to objectives, data missing?)
* Opinion of instructors: Suitable instructional material, pacing of presentation, knowledge of /expertise in subject matter, clarity, effective use of time, responsive to questions. Provision of accurate and current data (generally within 5 years of publication).
* Did the teaching strategies & techniques involve the learner and appropriately reflect the requirements dictated by the content
* Opinion of topic: appropriate level of difficulty, relevant to practice, current, balanced
* HOW will the information be used in the participant’s practice?
* Quality of Syllabus and other program materials.
* Perception of any commercial bias? Which presentation / what in particular?
* Relationship of post-test questions to objectives
* Opinion of facilities: convenience of location, appropriate environment, conducive to learning.
* Opinion of administration of program: well planned and organized, adherence to schedule.

1. INDIVIDUAL ACTIONS &FEEDBACK ON PROGRAM’S SUCCESS IN MEETING OBJECTIVES

* As part of “successful completion” of the program, include the requirement for a written evaluation of the program by the participant, **particularly noting** program’s success in meeting stated objectives, fulfilling the learning needs of the individual and what practice changes are likely.
* Individual activity: creation of action plan, resolution of case study, questions to answer with adequate answers/ written discussion /explanation.
* NOTE: Please allot some time between presentations for participants to complete evaluations, if only 2-4 minutes. This essential if you are providing computer and internet access to attendees to complete the evaluations online during the event. If attendees are directed to complete on their own, then not essential.

1. CERTIFICATES

These are integrated into the eLearning Center and provided electronically after successful completion of the program. ASPEN will create the certificates for each discipline.

* 1. Design /develop syllabus that includes program schedule, continuing education information, policies, program planning committee list with disclosure information, faculty list with disclosure information, overall and individual speaker’s presentation goal, objectives, outlines/summaries, references/bibliography.
  2. Learning/outcome assessment

1. *LEARING ASSESSMENT****:*** a formal post -presentation mechanism to assess the participants’ achievement of the program’s learning objectives.
2. *OUTCOME ASSESSMENT****:***a post presentation mechanism to assess achievement of objectives stated as Outcomes. (Improved/changed practice / Improved patient outcomes)

To what level did the participant achieve the Goal and Objectives of the program (behavioral change/ increased knowledge/improved skills)? The more thorough the measurement of this achievement, and the higher the participant rating, the closer we come to attaining excellence in our educational efforts. This is, however, one of the most difficult criteria to implement. It can mean everything from grading post-presentation tests and providing individualized feedback to each participant to contacting each attendee after the activity (6-12 months later) to ascertain if they have made changes in their practice as a result of our activity or if they have seen improved patient outcomes. Going even further, it might involve doing a 360-degree analysis – i.e. querying everyone who works “around “ the participant to see if they observe process/policy or practice changes or improvement in patient outcomes.

Here are some of the ways you can show intent to assess learning:

1. POST-PRESENTATION QUESTIONS

* Include some time in your schedule for participants to complete post-presentation questions, and to participate in a group discussion of the correct answers. *Minimally, provide “test” Q&A for* *every presentation.*
* Have faculty submit learning assessment questions with their presentations for inclusion in the event handouts.
* NOTES:
  + - Answers to post-presentation questions may NOT appear adjacent to questions. On another page, or perhaps following the bibliography, you may supply answer, rationale / written discussion in lieu of a group discussion.
    - Questions should emphasize integration and utilization of knowledge, not simply recall of data.

1. GROUP DISCUSSION AND CRITIQUE OF ANSWERS – DOCUMENT IN YOUR SYLLABUS.

* Group case study discussions
* Discussion of application of data to practice.
* Group problem -solving exercises.
* Creation of an action plan.
* Panel discussion or debates – opened for audience questions.
* Participation in documented evaluation discussion with presenter.
* *Minimally, an open Q&A period for each program segment*

**Standards for Integrity and Independence in Accredited Continuing Education**

[**https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce**](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce)

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient’s best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient

care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing

education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME®) acts as the steward of

the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to:

* Ensure that accredited continuing education serves the needs of patients and the public.
* Present learners with only accurate, balanced, scientifically justified recommendations.
* Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
* Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

**Eligibility**

The ACCME is committed to ensuring that accredited continuing education (1) presents learners with only accurate, balanced, scientifically justified recommendations, and (2) protects learners from promotion, marketing, and commercial bias. To that end, the ACCME has established the following guidance on the types of organizations that may be eligible to be accredited in the ACCME System. The ACCME, in its sole discretion, determines which organizations are awarded ACCME accreditation.

**Types of Organizations That May Be Accredited in the ACCME System**

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. Examples of such organizations include:

* Ambulatory procedure centers
* Blood banks
* Diagnostic labs that do not sell proprietary products
* Electronic health records companies
* Government or military agencies
* Group medical practices
* Health law firms
* Health profession membership organizations
* Hospitals or healthcare delivery systems
* Infusion centers
* Insurance or managed care companies
* Nursing homes
* Pharmacies that do not manufacture proprietary compounds
* Publishing or education companies
* Rehabilitation centers
* Schools of medicine or health science universities
* Software or game developers

**Types of Organizations That *Cannot* Be Accredited in the ACCME System**

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

**Owners and Employees of Ineligible Companies**

The ***owners*** and ***employees*** of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in ***joint providership*** with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education.

The ACCME determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

**Standards**

***Standard 1: Ensure Content is Valid***   
Standard 1 applies to all accredited continuing education.   
Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or  
   justification of a patient care recommendation must conform to the generally accepted  
   standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

***Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education***   
Standard 2 applies to all accredited continuing education.   
Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty  
   selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider 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.

***Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships***   
Standard 3 applies to all accredited continuing education.   
Many healthcare professionals have financial relationships with ineligible companies. These   
relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying relevant financial relationships between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.   
Accredited providers must take the following steps when developing accredited continuing   
education. Exceptions are listed at the end of Standard 3.

1. Collect information: Collect information from all planners, faculty, and others in control of  
   educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.

Disclosure information must include:

1. The name of the ineligible company with which the person has a financial relationship.
2. The nature of the financial relationship. Examples of financial relationships include  
   employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.
3. Exclude owners or employees of ineligible companies: Review the information about  
   financial relationships to identify individuals who are owners or employees of ineligible  
   companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
4. When the content of the activity is not related to the business lines or products of their employer/company.
5. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
6. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
7. Identify relevant financial relationships: Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
8. Mitigate relevant financial relationships: Take steps to prevent all those with relevant  
   financial relationships from inserting commercial bias into content.
   1. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
   2. Document the steps taken to mitigate relevant financial relationships.
9. Disclose all relevant financial relationships to learners: Disclosure to learners must include each of the following:
   1. The names of the individuals with relevant financial relationships.
   2. The names of the ineligible companies with which they have relationships.
   3. The nature of the relationships.
   4. A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only. Disclosure to learners must not include   
ineligible companies’ corporate or product logos, trade names, or product group messages.

Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

Learners must receive disclosure information, in a format that can be verified at the time   
of accreditation, before engaging with the accredited education.

Exceptions: Accredited providers do not need to identify, mitigate, or disclose relevant financial   
relationships for any of the following activities:

1. Accredited education that is non-clinical, such as leadership or communication skills training.
2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self- directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

***Standard 4: Manage Commercial Support Appropriately***   
Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.   
Accredited providers that choose to accept commercial support (defined as financial or in-kind   
support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

1. Decision-making and disbursement: The accredited provider must make all decisions  
   regarding the receipt and disbursement of the commercial support.
   1. Ineligible companies must not pay directly for any of the expenses related to the  
      education or the learners.
   2. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
   3. The accredited provider must not use commercial support to pay for travel, lodging,  
      honoraria, or personal expenses for individual learners or groups of learners in accredited education.
   4. The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.
2. Agreement: The terms, conditions, and purposes of the commercial support must be  
   documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. Accountability: The accredited provider must keep a record of the amount or kind of  
   commercial support received and how it was used, and must produce that accounting, upon  
   request, by the accrediting body or by the ineligible company that provided the commercial  
   support.
4. Disclosure to learners: The accredited provider must disclose to the learners the name(s) of  
   the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.

***Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education***

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.   
Accredited providers are responsible for ensuring that education is separate from marketing by   
ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with  
   accredited education must not:
   1. Influence any decisions related to the planning, delivery, and evaluation of the education.
   2. Interfere with the presentation of the education.
   3. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
   1. Live continuing education activities: Marketing, exhibits, and nonaccredited education  
      developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
   2. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
   3. Educational materials that are part of accredited education (such as slides, abstracts,  
      handouts, evaluation mechanisms, or disclosure information) must not contain any  
      marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
   4. Information distributed about accredited education that does not include educational  
      content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.
4. Joint Providership of Education Activity Checklists and Forms
   1. Checklists
      1. Participant Timeline
      2. Program Materials Checklist of Required Items (Promotional Material and Syllabus)
   2. Forms

Step 1:

* Conflict of Interest Policy & Financial Relationships Disclosure Form
* Sample Letter of Intent

Step 2:

* Program Proposal form
* Sample Program Proposal
* Educational Proposal Tip Sheet
* Joint Providership Agreement form

Step 3:

* Checklist for Promotional Materials
* Sample Brochure
* Sample Brochure2
* Sample Syllabus- Onsite Guide

Step 4:

* Speaker confirmation letter
* Speaker agreement and release forms
* Speaker thank you letter
* Speaker Guidelines
* Moderator Guidelines
* ASPEN Outline Template
* ASPEN Slide Template

Step 5:

* Travel expense voucher
* Letter of Agreement for Contributed Funds
* Program and Speaker Evaluation