1. Provide CE Compliance Officer/CE Director name, title, address, email address, telephone number.

|  |  |  |
| --- | --- | --- |
| **Program Name**  **Program Date**  **Tax ID** | **Name**  **Address**  **City, State, Zip** | **Title**  **Email Address**  **Phone** |

1. Is this organization recognized as an accredited provider or a designated approver by regulatory bodies such as ACCME, COPE, NCLE, JCAHPO, ABO or AOA?

If no, please attach a separate document to explain.

* Name of Regulatory body **Name**
* Expiration date of current accreditation/approval status **Month** **Year**
* Length of term **# of Years**

**For ACCME accredited providers**, please provide the following information:

* Provide accreditation level (check one box)

accreditation  probation

accreditation with commendation  non-accreditation

provisional accreditation

Please check the box if there were any findings of partial or non-compliance in essential areas in the last accreditation decision report and attach a separate document to explain.

1. Does this organization have a written policy regarding the identification and resolution of potential conflicts of interest between potential faculty members and sponsors (grantors) for proposed educational activities? If no, please attach a separate document to explain.
2. Does this organization have a written policy governing honoraria, appropriate travel expense reimbursement and documentation to ensure that faculty will be instructed and comply with conditions of appropriate use of commercial support?

If no, please attach a separate document to explain.

1. Does this organization require that participants rate the educational activity with regard to fair-balance and independence of the activity as a whole, and individual faculty?

If no, please attach a separate document to explain.

1. Are the policies and requirements above (items 3, 4, and 5) adhered to for all independent educational activities? If no, please attach a separate document to explain.
2. Does this organization have adequate staff to provide a detailed accounting and documentation of the disbursement of grant funds, on a timely basis, if requested by the grantor?

If no, please attach a separate document to explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of CE Compliance Officer/CE Director) (Date)