Frequently Asked Questions about Joint Providership

What is CME?
Continuing medical education (CME) consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. All educational activities offering CME credit must be offered through an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME).

Why is CME important?
Quality CME can enhance a participant’s knowledge base and practice skills. CME credit is mandatory in many states for medical licensure. CME participation is also increasingly used by hospitals, managed care organizations, and third-party payers, as part of the credentialing and reappointment process.

What is Joint Providership?
A jointly provided activity is an educational activity that meets the definition of CME, is one of the AMA-approved learning formats and is planned, implemented and evaluated by the accredited provider and a non-accredited entity, working together.

The accredited provider (i.e. the activity provider) and the non-accredited education partner (i.e. the joint provider) must adhere to the ACCME Essential Area and Elements, ACCME Accreditation Policies and ACCME Standards for Commercial Support. The accredited provider partners with the joint provider to develop methods for documenting the planning process and accepts responsibility for ensuring the program is compliant with these guidelines.

If I would like to offer a jointly provided meeting with ASPS, how do I get started?
The first step is to review the ASPS Education Mission Statement and determine if your program meets the ASPS mission. If it does, complete the Joint Provider Application and return it, with the application fee, to the ASPS accreditation staff. The ASPS CME Committee will review the application and, if the activity meets the ACCME criteria and is in-line with the ASPS mission, the contact you list on the application will receive a contract to be executed by both organizations.
Our activity has been approved for Joint Providership. What are the next steps?

ASPS will partner with your planners throughout the development and execution of the activity to ensure they have reviewed and understand the ACCME guidelines. The non-accredited provider maintains control of program development, budget, logistics, marketing, revenue generation and on-site management. ASPS accreditation staff will participate in planning meetings (in-person or via conference call, as appropriate) and/or will request written updates from the joint provider contact. ASPS will provide helpful templates for the planning team and will review all print and electronic materials associated with the meeting. ASPS will determine how many *AMA PRA Category 1 Credits™* and how many Patient Safety Credits the activity is eligible for after reviewing the final educational program outline. ASPS accreditation staff will be available to the planning team to answer questions and offer guidance on complying with the ACCME guidelines.

Refer to the joint provider activity timeline.

Is there a fee for Joint Providership?

Yes, in addition to the costs of staging a live meeting, ASPS charges a joint provider fee, based on the following fee schedule:

- $500 non-refundable application fee, plus
- Final fees will be assessed upon receipt of complete registration count.
  - Under 100 attendees / $1,800 (Total of $2,300)
  - 101-200 attendees / $2,500 (Total of $3,000)
  - More than 200 attendees / $3,500 (Total of $4,000)

An annual charge of $250 will be assessed to each joint provider for use of ASPS’ Disclosure Collection System. At the time of final billing, each activity will be billed a $1 for every planner, faculty member, moderator, speaker, author, staff that a disclosure was collected.