



American Society of Plastic Surgeons Application & Agreement for Joint Providership of a CME Activity

All organizations interested in pursuing Joint Providership with the American Society of Plastic Surgeons (ASPS) must complete the **Application for Joint Providership of a CME Activity** and submit a non-refundable application fee. ASPS requires early and ongoing involvement throughout the planning process to ensure compliance with [ACCME Standards for Integrity and Independence in Accredited Continuing Education](#).

Minimum Required Lead Time: 10 months prior to the activity date

Note: For projects requested with less than 10 months' lead time, ASPS reserves the right to assess feasibility and may decline the project and/or apply additional fees (Section II below) to accommodate expedited timelines. All requests are evaluated on a case-by-case basis.

PART 1: Logistics

Title of Activity: _____

Activity Date(s): _____

Activity Location: _____

Name of Organization Making Application: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Contact Address: _____

City: _____ State: _____ ZIP: _____

PART 2: Needs Assessment

1. What is the intended audience for this activity? (Check all that apply)

- Practicing Plastic Surgeons
- Physician Assistants
- Medical Students
- Nurses
- Office Managers/Office Staff
- Residents
- Other (please specify)

2. What change(s) do you hope to effect with this activity? (What are members of your audience not currently doing that they should be doing? Or, what are members of your audience currently doing that they should not be doing?)

3. Why does this change (Why do these changes) need to be made? (What patient safety issues are at stake? What efficiencies will this change produce? How will results be improved after this change takes effect?)

4. Where did you find the data to support the argument(s) you provided to question number three above? (Check all that apply and provide details)

Journal articles (provide titles and references) _____

Consulting with other professionals/experts (provide names) _____

Research analysis (cite findings) _____

Literature review (provide titles and references) _____

National Clinical Guidelines (cite) _____

New Procedure Rx changes Patient surveys Other surveys

Other please describe: _____

5. What obstacles do you think might prevent learners from making changes to their practices and how will you address those obstacles during the activity?

6. How will you communicate information to the learners?

Lecture Hands-on workshop Panel Discussion Case Studies

Live Surgery Demonstration of Equipment/Techniques Other (please specify) _____

7. Why was this format selected and how is it appropriate for the objectives and desired results of the activity?

8. Overall meeting learning objectives:

PART 3: Other Planning

1. This activity is being planned to change:

- Physician competence Physician performance Patient outcomes

Physician Competence – Giving physicians new abilities/strategies

Physician Performance – Helping physicians modify their practice

Patient Outcomes– Helping improve patient outcomes

2. Please check the physician attributes that this activity is designed to enhance (see definitions below):

- Professionalism Patient Care and Procedural Skills
- Medical Knowledge Practice-based Learning and Improvement
- Interpersonal and Communication Skills Systems-Based Practice

Professionalism

Activity addresses doctors' professional responsibilities and an adherence to ethical principles.

Patient Care and Procedural Skills

Activity addresses patient care, including the safe and effective use of procedures, that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

Medical Knowledge

Activity addresses established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Practice-Based Learning and Improvement

Activity enables doctors to demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Note that this is typically reserved for long-term Practice Improvement CME activities.)

Interpersonal and Communication Skills

Activity provides training for doctors on developing interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

Systems-Based Practice

Activity raises doctors' awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

3. Will this activity receive money from a commercial interest (i.e. a company that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients)?

- Yes No

If "yes", indicate type of anticipated revenue:

- Educational Grant Exhibits Support (for reception, dinner, golf outing, meeting tote bag, etc.)

Other _____



American Society of Plastic Surgeons Joint Providership Planning and Fee Structure

Section I: Important Compliance Requirement

Note: ASPS must approve all materials (*printed or electronic*) related to registration, educational program content, exhibits, and marketing before they are printed, posted, or distributed outside the joint provider organization.

Failure to follow this requirement may result in cancellation of the joint provider agreement and forfeiture of application fees.

Compliance Review and Sponsor Oversight

As the accredited provider, ASPS is responsible for conducting comprehensive reviews of all sponsors, educational grants, and commercial support arrangements to verify compliance with the [ACCME Standards for Integrity and Independence in Accredited Continuing Education](#). This includes evaluation of financial relationships, content influence, and promotional activities to safeguard educational integrity and prevent commercial bias.

*For additional compliance requirements and timeframes review: [ASPS Joint Providership Planning and Fee Structure | Joint Provider Activity Timeline](#)

Section II: Revised ASPS Joint Providership Fee Structure

A. Application Fee (*Non-Refundable*) -

- **Flat Fee:** \$500 (*if approved, applied toward accreditation management fee*)
- **Late Submission Fee**

For applications with less than 10 months' lead time, ASPS reserves the right to assess feasibility and may decline the program ASPS reserves the right to assess feasibility and may decline the program request; however, should a program be accepted with less than 10 months before the program, an additional \$2,500 fee applies.

B. Accreditation Management Fee (Faculty Charge + Credit Hour Charge)

Faculty* Count	Fee - Plus+ \$600 per credit hour	Faculty* Count	Fee - Plus+ \$600 per credit hour	Faculty* Count	Fee - Plus+ \$600 per credit hour
1-10	\$3,000	101 – 125	\$8,000	226 - 250	\$13,000
11-25	\$4,000	126 – 150	\$9,000	251 - 275	\$14,000
26-50	\$5,000	151 - 175	\$10,000	251 - 275	\$15,000
51 – 75	\$6,000	175 - 200	\$11,000	276 – 300	\$16,000
76 – 100	\$7,000	201 - 225	\$12,000	300+	TBD

ACCME requires disclosure, review, and mitigation of all relevant financial relationships for all individuals who control content (faculty, planners, moderators, authors, co-authors, etc.). The Faculty-Based Surcharge reflects the additional administrative resources, compliance review time, and documentation management necessary to meet ACCME's requirements as faculty numbers increase.

C. Optional Add-Ons

- **Educational Grant Management:** Flat fee of \$500/grant submittal (*per grant submission – Allergan, Tiger, Mentor = 3 grant submissions for a total of \$1,500*)
- **ASPS Promotional Support:** \$1,250 per email

Section III: CME Survey Support – Inclusion and Add-Ons

Included in Accreditation Fee

- Provision of a standard ACCME-compliant post-activity evaluation template
- Review and approval of the applicant’s final survey
- ASPS’s internal survey tool for basic data collection
- Standard summary of aggregate results for inclusion in the final activity report
- ASPS provides 90-day Outcome Survey evaluation

Optional Advanced Survey Services

Service Type	Fee
Customized Reporting (e.g., by learner type)	\$350–\$600

Note: All survey tools and reports are designed to meet ACCME expectations for educational outcomes and learner feedback.

Section IV: Fee Summary Examples

Item	Example A – Small Event	Example B – Medium Symposium	Example C – Large Symposium
CME Credits	5	12.75	23.5
Attendees	80	250	575
Faculty	35	125	320
Application Fee	\$500 <i>(applied to Admin Fee)</i>	\$500 <i>(applied to Admin Fee)</i>	\$500 <i>(applied to Admin Fee)</i>
Admin Fee	\$2,500	\$2,500	\$2,500
CME Fee	\$3,000	\$7,650	\$14,100
Faculty-Based Surcharge	\$2,000	\$5,000	\$13,000
Educational Grant Management	\$1,000 <i>(2 grants)</i>	—	\$1,500 <i>(3 grants)</i>
ASPS Promotional Support	—	\$1,250 <i>(1 email)</i>	\$1,250 <i>(1 email)</i>
Customized Reporting	—	—	\$475
Total	\$9,000	\$16,900	\$33,325

ASPS Joint Providership Timeline Requirements

(Dates proved are minimum requirements: Joint Providers should develop individual production timelines and should meet or precede these deadlines.)

DATE	MILESTONE
10 months out	<ol style="list-style-type: none"> Completed Application for Joint Providership of a CME Activity is due. Within two weeks of receipt of completed contract, JP must arrange with ASPS staff and provide: <ul style="list-style-type: none"> Submits non-refundable \$500 application fee (<i>applies to admin fee if approved – See ASPS Joint Providership Planning and Fee Structure</i>). Full list of board members, staff and meeting program committee. Meeting budget. <i>If applicable:</i> Draft of Exhibitor Prospectus and/or Support Brochure (commonly known as “Sponsorship” Brochure). ASPS and JP discuss the <i>ASPS Joint Providership Planning and Fee Structure</i>. Individual JP needs are reviewed with preliminary fee structure established. NOTE: Any additional optional-add ons, grant management, survey reporting enhancements, faculty surcharge will be assessed accordingly.
6 months out	<ol style="list-style-type: none"> JP provides list for input into ASPS Disclosure Collection System of all (<i>proposed and accepted, if available</i>) persons involved in education content (<i>i.e. program planners, faculty, moderators, authors/co-authors and staff</i>) which disclosure must be collected, reviewed and mitigated. If JP seeks Educational Grant Management (<i>See ASPS Joint Providership Planning and Fee Structure</i>), must contact ASPS. ASPS will submit grant submittals for the CME activity. JP will work with ASPS Grant Manager for all requests and required documentation during the grant process.
6 months out	If application is submitted after this point, a \$1,000 late submission fee applies.
4 months out	<ol style="list-style-type: none"> JP provides draft text for Preliminary Program agenda, session descriptions/learning objectives (<i>correlate to appropriate faculty, moderator, abstract authors/co-abstract authors</i>) Registration Brochure to include all invited faculty, program planners, names of companies providing advertising revenue and/or commercial support. ASPS will have a minimum of 4 business days to review and will need to approve a final draft before printed or posted electronically. At this time, ASPS will calculate number of CME credits and provide the required accreditation statements. ASPS reviews disclosures and begins mitigation review process. Any requests for Optional Add-Ons, such as an ASPS Promotional Support email must be submitted at this time. (<i>See ASPS Joint Providership Planning and Fee Structure</i>)
8 weeks out	<ol style="list-style-type: none"> JP provides draft text for Final Program to include all confirmed faculty, program planners, names of companies providing advertising revenue and/or commercial support. ASPS will have a minimum of 6 business days to review and will need to approve a final draft before printed or posted electronically. All completed financial disclosures are due and mitigation resolution has begun.
4 weeks out	JP provides ASPS with current list of registrants for the educational event. This list is utilized to develop the CME survey evaluation site.
3 weeks out	ASPS provides CME Survey evaluation instructions to JP. JP will be responsible to send out notification to educational event attendees either last day of meeting or 1-day post event. The CME Survey includes certificate.

2 weeks out	Resolution of conflicts of interest must be completed and evidence of requests for compliance (i.e. copy of session material). All disclosures must be mitigated. No content may be created or presented by individuals with unmitigated financial relationships.
1 week out	JP provides ASPS with list of registrants for the educational event since last submittal (3 weeks prior). This list is utilized to develop the CME survey evaluation site. ASPS provides JP with invoice for total <i>ASPS Joint Providership Planning and Fee Structure</i> . Due 30 days post event.
Event Day	Educational activity occurs.
1st Business Day following Event	JP provides ASPS Final Registrant List that includes those from 1 week prior to event onsite registration. This list is utilized to develop the CME survey evaluation site.
4 weeks post-meeting	<ol style="list-style-type: none"> ASPS provides JP with post-meeting evaluation summary. JP pays ASPS the invoice for <i>ASPS Joint Providership Planning and Fee Structure</i>.
12 weeks post-meeting	ASPS provides 90-day Outcome Survey evaluation instructions to JP. JP will be responsible to send out notification to educational event attendees.
16 weeks post-meeting	ASPS provides JP with 90-day Outcome Survey evaluation.

Section V: Terms and Disclaimers

ASPS is committed to ensuring all jointly provided CME activities meet the highest standards of educational integrity and regulatory compliance.

Non-Compliance or Delays

Failure by the Joint Provider to adhere to planning timelines, submit required materials (including COI disclosures), or respond to ASPS communications in a timely manner may result in:

- Delays in the accreditation process
- Withholding of CME certification
- Invalidation of jointly provided status for the activity
- Termination of the Joint Providership agreement at ASPS's discretion

Right of Termination

ASPS reserves the right to withdraw from a Joint Providership agreement at any stage if, in its judgment, the Joint Provider:

- Non-compliant with ACCME requirements
- Disclosures are incomplete or mitigation is not performed
- The joint provider does not meet planning or reporting deadlines
- Promotional or content materials violate compliance standards
- ASPS communications are not responded to in a timely and substantive manner and/or unresponsive to ASPS compliance needs



American Society of Plastic Surgeons Agreement for Joint Providership of a CME Activity

I, _____, as representative for the
_____ educational activity agree to the

following:

1. This agreement must be submitted to ASPS prior to the commencement of the planning of the educational activity. ASPS will be fully involved in all necessary aspects of the CME activity for which joint providership is requested.
2. The joint provider will designate a single point of contact to act as a liaison between ASPS and the joint provider.
3. The joint provider will use ASPS' Disclosure Collection System for all Conflict of Interest Disclosures.
4. The joint provider and ASPS will follow the above **ASPS Joint Providership Timeline Requirements** timeline and work out dates that meet these requirements at a minimum.
5. The joint provider will monitor the educational activity to ensure strict compliance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education.
6. If the joint provider does not fully comply with the above items, ASPS will withdraw its Joint Providership and designation of credit for the educational activity.

*A **nonrefundable application fee of \$500** has been instituted for all non-accredited organizations seeking joint providership of an activity with ASPS and agreeing to strictly comply with all ACCME and *AMA PRA Category 1 Credit™* requirements. Payment of this fee is to accompany the application and does not guarantee accreditation of the planned activity, but we will work intensely with your planning committee to achieve this goal.

Acknowledgment and Agreement

By signing below, the undersigned acknowledges and agrees to the terms set forth in the **Joint Providership Planning and Fee Structure** and the **ASPS Joint Providership Timeline Requirements**, which are incorporated herein by reference and shall be followed in accordance with the policies of the **American Society of Plastic Surgeons (ASPS)**.

AGREED BY

APPROVED BY (ASPS):

APPROVE/DENY

Society Chair/President of
Joint Provider

Education Accreditation Administrator

- Approve
- Deny

Title

Staff Vice President of Education

- Approve
- Deny

Email

Direct Phone

Please complete and sign electronically via DocuSign.

If you have any questions, contact Michelle Sirois at msirois@plasticsurgery.org or 847.228.3396

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