

American Osteopathic Association
Division of Continuing Medical Education
Accreditation Application for AOA Category 1 CME Sponsor
Part 1

Please **highlight** (with a yellow highlighting marker) any changes since this form was last submitted. Please print or type all information.

General Information

1. Sponsoring Organization _____
Address _____
City _____ State _____ ZIP Code _____
2. Contact Person _____
Title _____ Phone number _____
FAX _____ E-mail _____
3. Type of Sponsor:
 - a) ___ Acute Care Hospital
 - b) ___ College of Osteopathic Medicine
 - c) ___ Osteopathic Specialty College (Practice Affiliate)
 - d) ___ Osteopathic Specialty Board
 - e) ___ State Osteopathic Medical Association (Divisional Society)
 - f) ___ Alumni Group, Philanthropic Organization, (Nonpractice Affiliate)
 - g) ___ Other _____
4. Attach a dated and signed copy of sponsoring organization CME mission statement indicating formal approval by sponsoring organization's board of trustees.
5. List on the attached form the CME programs/activities contemplated by the sponsoring organization for the coming year.
6. Indicate which, if any, programs/activities may be supported to some extent by commercial interests.
7. Indicate topic areas and commercial companies from which commercial support is anticipated with the type and the estimated dollar value of that support.

8. Indicate the type of commercial support you anticipate for your programs/activities by checking all appropriate boxes.

- a. funding,
- b. materials supplied,
- c. product information,
- d. speaker,
- e. other _____

9. Give an estimated percentage of total costs of the CME programs to be covered by commercial support.

10. Does your organization conduct CME programs through joint sponsorship with other organizations?

YES If yes, name organization(s) so involved.

NO

11. Attach with this form the following:

- a. A program administration and evaluation document.
- b. The applicant policy on advertising and promotion.
- c. An outline of the applicant method of maintaining records.
- d. The means used by the applicant to certify CME participation by physicians.
- e. A policy on managing fee grievances and refunds.

12. Submit the above items along with the established fee to:

American Osteopathic Association
Division of Continuing Medical Education
142 E. Ontario Street
Chicago, IL 60611

Signed: _____
Authorized sponsoring organization representative

Title: _____

Date: _____

FOR OFFICE USE ONLY
Date Appl Recd Approval Date Code #

**American Osteopathic Association
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Accreditation Application for AOA Accredited Category 1 CME Sponsor**

Part 2

Sponsoring Organization _____

Anticipated CME programs/activities for the Coming Year

Programs/Activities	Date of Activity	General Topic	Name of Commercial Supporter(s)	Projected \$ Support