

## The KMS Pre-Application Process

The first step in becoming accredited is completion of a **Pre-Application for KMS Accreditation** (“Pre-Application”). The purpose of the Pre-Application is to provide KMS with information necessary to determine if your organization is eligible for KMS accreditation. We ask that you demonstrate to us that you have **mechanisms already in place** to fulfill KMS’s Essential Areas and Elements and Accreditation Policies in the CME activities that you will produce.

KMS wants to determine if you are aware of, and are addressing, the KMS requirements. Pre-Application materials are reviewed to determine your organization’s eligibility and to verify that **mechanisms are in place** for your organization to meet KMS requirements. The materials are not reviewed for **compliance with KMS accreditation** requirements, as that is determined after a review of a self study report, a review of activity documentation, and an on-site accreditation interview.

In order for your Pre-Application to be considered you must submit to KMS **both** a completed Pre-Application form **and** the \$250 Pre-Application fee.

The KMS reviews Pre-Applications regularly and will notify your organization once a decision has been made regarding your eligibility. The KMS’s notification is in writing, and is usually sent within four weeks of receipt of your Pre-Application.

### About the KMS Pre-Application Form

This document is a ‘protected’ Microsoft Word® Form. You can move from fill field to fill field using ‘Enter’ or ‘Tab’. **Make sure you save the document as you go along so you do not lose your work.** The document uses:

- **Text fields** where you are limited to 500 words (except for contact information where you are limited to one line)
- **Check boxes** where an ‘X’ will be inserted when you select that box. Please be sure that only the boxes you mean to select are selected
- **Drop-down** fields where you must select one choice from a list

**Please complete all the electronic fields that are appropriate to your organization.**

When you have completed all applicable fields, please print the document and have it signed. Send the completed **signed** form, along with all the attachments and payment of \$250 to:

### KMS CME PRE-APPLICATION REVIEW

**ATTN: Nancy Sullivan**  
623 SW 10<sup>th</sup> Avenue  
Topeka, Kansas 66612

# Pre-Application for KMS Accreditation

## Section 1

## Organizational Information

**Name of Pre-Applicant organization:**

*(as it should appear on KMS documents)*

**Date of Pre-Application:**

**Primary Contact for Pre-Applicant Organization:**

**Note:** The name and information provided for the organization's primary contact will be used by the KMS as the **contact information for communicating with the applicant organization**. Postal deliveries, shipments, telephone calls, email and fax transmissions will be directed to the individual identified as the Primary Contact using the contact information provided below.

Name

:

Title:

Address:

Telephone number:

Fax number:

e-mail address:

**Chief Executive Officer of Pre-Applicant Organization:**

Name

:

Title:

Address:

Telephone number:

Fax number:

e-mail address:

We have IRS 501c status?  *(If 'yes' attach copy of IRS notification letter)*

Are you accredited by the ACCME?

If so:

Accreditation status:

----

Accreditation expiration date (mo/yr):

----

/

----



## Section 2

## Eligibility Assessment

Step 1  
LOCATION

To be eligible for KMS accreditation, the organization must be located in Kansas and serve physician learners, more than 70% of whom are from Missouri and its contiguous states.

Step 2  
ORGANIZATION  
TYPE

List one of the following below:

- Consortium/Alliance*
- Health Care Delivery System*
- Hospital*
- Insurance Company/Managed Care*
- Not For Profit Foundation (501c3)*
- Physician Member Organization (Specialty based)*
- Physician Member Organization (Non-Specialty)*
- Voluntary Health Association*
- Other (please specify)*

1 <List Organization Type> most accurately describes our organization type.

2  YES  We can show that our program of CME serves physician learners, more than 70% of whom are from Kansas and contiguous states.

The following data represents physician enrollment from (mo / yr) \_\_\_\_\_ / \_\_\_\_\_ through (mo / yr) \_\_\_\_\_ / \_\_\_\_\_.

	Number
Physician learners from state in which provider is located and contiguous states	

The following section is intended to collect information about your organization's corporate structure. KMS needs to ensure your organization is not a commercial interest and is, therefore, eligible for KMS accreditation. The KMS defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. A commercial interest is not eligible for accreditation.

Some organization types are exempt from KMS's definition of a commercial interest. Using the drop-down menu, select a response if any of the following exemptions is applicable to your organization.

3 a.  My organization is exempt from KMS's definition of a commercial interest because it is a .

If you check the above box, then proceed to STEP 3: Organizational Framework.

b.  My organization is not exempt from the KMS's definition of a commercial interest. You must answer the following questions.

c. **Does your organization** produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients?  
(Organizations that produce, market, re-sell or distribute health care good or services

---

consumed by, or used on, patients are not eligible for KMS accreditation UNLESS the organization is considered exempt from the KMS's definition of a commercial interest.

Yes  No

d. Is your organization owned or controlled by an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients? (If yes, and your organization is not exempt, your organization is not eligible for KMS accreditation.)

Yes  No

e. Is there anywhere within the larger corporate structure of your organization an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?

Yes  No  If no, proceed to Step 3.

f. If you answered yes to item e, please specify the organizational and procedural relationship of the commercial interest(s) to your organization.

g. Are there organizational and procedural safeguards ('corporate firewalls') in place to ensure that the CME entity is separate from any commercial interest listed in item f? If no, your organization is not eligible for KMS accreditation.

Yes  No

h. If you answered yes to item g, describe and attach an organizational chart to depict organizational and procedural safeguards in place to ensure that the CME entity is separate from any commercial interest within the larger corporate structure of your organization.

---

If your organization is eligible for KMS accreditation because it is (a) not a commercial interest, (b) not owned by a commercial interest, or (c) not linked to a commercial interest in a corporate structure without appropriate firewalls, **then please continue the remainder of the Pre-application.**

---

Step 3  
ORGANIZATIONAL  
FRAMEWORK

To be eligible for KMS accreditation, you must

1. have an organizational framework for the CME unit that provides the necessary resources to support its mission, and
2. operate the business and management policies and procedures of its CME program (as it relates to human resources, financial affairs and legal obligations), so that your obligations and commitments are met.

*Answer all of the following questions and attach the appropriate documentation to demonstrate that your organization meets this eligibility requirement.*

---

Is your organization an employer of staff?  Yes  No

- 1 If "Yes," **attach the Table of Contents** from your organization's Human Resources and Financial Policies or Procedures Manual. (*This is not your CME department's policies.*) If your organization does not have a Policies or Procedures Manual, attach materials to demonstrate that the human resource, financial, and legal

---

obligations and commitments are met (e.g., organization's bylaws, membership guidelines, etc.)

Label your documentation [Attachment 1 - Human Resource Policy Manual](#).

---

**Attach** an organizational chart that shows the organizational structure and staff reporting relationships for your CME Program.

2 Label your documentation [Attachment 2 - Organizational Structure](#).

---

**Attach** one of the following:

- 3
- If your **CME Program** has annual audited financial statements, attach a copy of these statements for the past year **or**
  - If your **CME Program** does not have annual audited financial statements, attach an *income and expense statement*\* for your CME Program for the past year

Label your documentation [Attachment 3 - Income/Expense Reports](#).

---

4

---

Step 4  
EDUCATIONAL  
CONTENT

**Providers are not eligible for KMS accreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are:**

1. **not within the definition of CME, or**
2. **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 CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for KMS accreditation.**

---

Describe the nature and scope of the content that you offer, or plan to offer, through your CME activities (Max 500 words):

1

---

---

**YES**  We can demonstrate that all of the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for our indications and contraindications in the care of patients.

Briefly describe what documentation you plan to provide to support this statement (Max 500 words):

2

---

**YES**  We can demonstrate that all scientific research referred to, reported or used in our CME activities in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection and analysis.

Briefly describe what documentation you plan to provide to support this statement (Max 500 words):

3

---

**Only submit a Pre-application to the KMS if you can show your organization is eligible for accreditation by virtue of your organization's type, structure, location, and educational content.**

**Please do not submit a Pre-Application to the KMS if your organization is not eligible for KMS accreditation. KMS will not review materials of providers that are ineligible for KMS accreditation, but the KMS will retain the submitted fee.**

## Section 3

# Descriptive Information and Documentation

Provide the requested descriptive information or documentation as directed.  
*Please limit descriptions to a maximum of 500 words.*

## Mission

- 1 **Attach** your CME mission statement [Element 1.1, Criteria 1].

By using this color highlighting scheme, indicate on your CME mission statement where you:



1. Describe the **purposes** of the overall CME program,
2. Indicate the **content areas** of the CME effort,
3. Outline the **target audience**,
4. Describe the general **types of activities and services provided**, and
5. State the **expected results** of the program described in terms of changes in competence, OR performance, OR patient outcomes.

Label your CME mission statement **Attachment 4 - Mission**.

## Planning

2

How do you incorporate educational needs that are 1) *based on the professional practice gaps of your learners* and 2) *defined in terms of knowledge, competence, or performance* into your educational activities? [Element 2.1, Criteria 2]



3

How are your activities or educational interventions *designed to change either physician competence, or performance, or patient outcomes*? How will these changes relate to your CME Mission? [Element 2.1, Criteria 3]



4

Describe the practices that you have in place that demonstrate your organization's CME planning process is independent or free of the control or a commercial interest. [Element 3.3, Criteria 7]



- 5 Describe the mechanism that has been implemented to identify conflict of interest prior to delivery of the educational activity. [Element 3.3, Criteria 7]



- 
6. Describe the mechanism that has been implemented to resolve conflict of interest prior to delivery of the educational activity. [Element 3.3, Criteria 7]



- 
- 7 Describe the information that you plan to provide to the KMS during the accreditation process as your verification that learners have been provided with complete disclosure information (i.e. relevant financial relationships of anyone in a position to control the content of your CME or that there is nothing to disclose). [Element 3.3, Criteria 7]



- 
- 8 Describe the process you use to ensure that commercial support for the CME activity is disclosed to learners. [Element 3.3, Criteria 7]



- 
- 9 **Attach one** sample that shows how you transmitted information about any relevant financial relationships to learners.



Label this documentation [Attachment 5 - SCS 6](#)

**Attach one** sample that shows how you have disclosed the commercial support for the CME activity is to learners in practice.

Label this documentation [Attachment 6 - SCS 6](#)

**Attach one** completed Letter of Agreement that demonstrates appropriate management of commercial support (if applicable).

Label this documentation [Attachment 7 - SCS 3](#)

---

## Evaluation

10

What process(es) do you use to analyze the changes in your learners' competence, OR performance, OR patient outcomes related to your program's activities or educational interventions? [Element 2.4, Criteria 11]



11

How do you determine the degree to which your CME Mission has been met as a result of your CME activities or educational interventions? [Element 2.5, Criteria 12]



Before the KMS will move forward with the accreditation process for your organization, your intentions, understanding, and commitment to abide by KMS's expectations must be confirmed.

Please read carefully each of the following confirmation statements and use an 'X' as your attestation.

- We understand and attest that our organization must plan, implement, and evaluate at least two CME activities within the 24-months period prior to the initial KMS accreditation survey interview.
- We understand and attest that our organization's activities adhere to KMS definition of CME found in the KMS CME policies.
- We understand and attest that our organization adheres to KMS content validation policy found in the KMS CME policies.
- We understand and attest that by virtue of submitting a self study for accreditation and paying the accreditation fee to the KMS our organization agrees to follow all KMS policies and procedures as specified by the KMS in the KMS CME policies.
- We understand and attest that KMS policies and procedures prohibit the provider from submitting to the KMS, either with the completed self study report or in any other material, any individually identifiable health information.
- We attest that all the materials submitted to the KMS in any format will not contain any untrue statements, will not omit any necessary material facts, will not be misleading, will fairly present the organization, and are the property of the organization applying for accreditation.
- We understand that submission of this pre-application will lead to an accreditation decision within 24 months.

**You have completed the Pre-Application.**

Sign and submit this Pre-Application to the KMS along with the non-refundable fee of \$250. Check that all sections are completed and all attachments provided. Pre-Applications will not be processed unless the fee is attached and all materials and information are provided. Pre-Applications will not be returned. Your organization will be notified that the submission was successful, incomplete or unsuccessful. The fee will not be returned if the Pre-Application is incomplete or unsuccessful.

Organization: \_\_\_\_\_

Name of CEO: \_\_\_\_\_

Signature of CEO: \_\_\_\_\_ Date: mm/dd/yyyy

Name of CME Contact: \_\_\_\_\_

Date: mm/dd/yyyy

**Signature of CME  
Contact:**

---

---