



IOWA MEDICAL SOCIETY  
*Ensuring quality education for Iowa physicians*

## Instructions for Submitting CME Activity Lists

1. The list of activities must be submitted using the IMS' template, which is provided at [www.iowamedical.org](http://www.iowamedical.org). If you already have your list of activities in an electronic database, you must convert them into the IMS' preformatted Excel document so we can use it to select files. If you do not comply with this requirement, your activity list will be returned to you for editing and/or reformatting.
2. All activities that your organization has offered for credit, or plans to offer for credit, during the current accreditation period should be included on your list. Your list of activities needs to be comprehensive and must include all activities **beginning with the month after your last accreditation decision and through the expiration of your current accreditation term**. For example, if you received a four-year accreditation decision in March 2008, your list should include all CME activities offered, or scheduled to be offered, from April 1, 2008 through March 31, 2011.
3. For activities that have not yet occurred, use best available information, year-to-date figures, or estimates to complete all required fields. (You will have the opportunity to update this information for inclusion with the self study report).
4. Please list your activities chronologically by month and year within activity type, i.e., list all activities for 2008, first courses, then enduring materials, then journal-based CME, etc. Then, list all activities for 2009, first courses, then enduring materials, then journal-based CME, etc.
5. Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, **must be listed for each date and location at which they were offered**. Responses such as "multiple," "various," or "ongoing" are not acceptable for activity date or location.
6. For organizations that produce regularly scheduled series (RSS; also known as RSCs): List RSS (e.g. grand rounds, tumor boards) by year and series (e.g. department). Do not list each daily, weekly or monthly session.
  - IMS defines RSS as a daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's own professional staff and are designated for credit as one activity. RSS are most commonly offered by hospitals and medical schools and typically include such activities as grand rounds, noon conferences, and tumor boards.
  - By contrast, annual meetings are scheduled regularly, on a yearly basis, but they do not fit the definition of RSS. Similarly, conferences offering the same content at various times and locations may be scheduled on a regular basis, but they do not fit the definition

of RSS. If you are not certain whether an activity is categorized as an RSS, please contact IMS.

- When counting RSS for the activity list, include each series as one activity. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of credit hours available through the activity during the year and the total participants is the sum of the number of physicians/non-physicians attending each individual session.

7. Provider must submit data for all activities in **columns A-I**. The spreadsheet has columns that must be filled in according to the specifications below.

**Column A:** List the title of the activity.

**Column B:** List the date the activity occurred in “MM/DD/YYYY” format. If the activity is multi-day, only provide the beginning date of the activity. If the activity is an enduring material, only provide the release date or date of most recent review.

**Column C:** List the activity’s location in “City, ST” format. For enduring materials and internet activities, please list your organization’s home city and state or indicate not applicable.

**Column D:** Use the drop down menu to indicate whether the activity was directly or jointly sponsored (Co-sponsorship is not an option. Please list only those co-sponsored activities where your organization took responsibility for the activity).

**Column E:** Use the drop down menu to indicate the type of activity. Your **only** choices are: Course, RSS, Internet Activity Live, Enduring Material, Internet Activity Enduring Material, Journal-based CME, Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Internet Searching and Learning, and Learning from Teaching.

**Column F:** List the number of maximum number of hours available for the activity.

**Column G:** List the number of physicians who participated. If attendance figures are incomplete at the time of submission of your list, please include preliminary or year-to-date figures. You may update this information for inclusion with your self-study report.

**Column H:** List the number of non-physicians who participated. If attendance figures are incomplete at the time of submission of your list, please include preliminary or year-to-date figures. You may update this information for inclusion with your self-study report.

**Column I:** Use the drop down menu to indicate whether the activity received commercial support. Your **only** choices are yes and no.

8. There are 8 new columns in the IMS’ CME Activity List spreadsheet. These columns (J-Q) are highlighted in yellow. Providers must submit data in these columns for activities presented **after July 1, 2008**.

**Column J:** List the amount of commercial support received. Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs associated with a CME activity. The total figure should include an *estimated* dollar value for in-kind contributions. If activity has not been presented, estimate the support you expect to receive. Advertising and exhibit income is not considered commercial support.

**Column K:** List the number of commercial supporters of the activity. (If activity has not been presented, estimate the number of commercial supporters you expect to have).

**Column I:** Use the drop down menu to indicate if the activity was designed to change physicians' competence. Your **only** choices are yes and no.

**Column M:** Use the drop down menu to indicate if change in physicians' competence was measured. Your **only** choices are yes and no.

**Column N:** Use the drop down menu to indicate if the activity was designed to change physicians' performance. Your **only** choices are yes and no.

**Column O:** Use the drop down menu to indicate if change in physicians' performance was measured. Your **only** choices are yes and no.

**Column P:** Use the drop down menu to indicate if the activity was designed to change patient outcomes. Your **only** choices are yes and no.

**Column Q:** Use the drop down menu to indicate if change in patient outcomes was measured. Your **only** choices are yes and no.

9. Please...

- **Do not** alter the formatting of the cells in anyway, such as adding shaded cells or changing the column names (you may, however, temporarily resize column width to view cells' contents);
- **Do not** leave blank cells in the spreadsheet for columns A-I;
- **Do not** add blank rows or columns to the spreadsheet;
- **Do not** send the spreadsheet to the IMS as a "zip file"; and
- **Do not** include multiple worksheets, files, or attachments. Your submission should be **one** worksheet attached as **one** file.

10. **Submit your list as an attachment via e-mail to** [kbylund@iowamedical.org](mailto:kbylund@iowamedical.org). Please include your **organization's name** in the name of the attached file for identification purposes.