

RIVERSIDE METHODIST HOSPITAL'S
PROCEDURES/STANDARDS FOR
CATEGORY 1 CME PROGRAMS

PLEASE BE ADVISED: The CME Manager/CME Committee must be informed of your plan to have a CME activity as soon as planning begins (i.e. before choosing speaker(s), prior to setting a date, etc.). Riverside must comply with the requirements of the Ohio State Medical Association, and therefore, the CME Committee is not able to approve an activity that has already been organized without its involvement in that planning process.

1. A member of the CME Committee (see Addendum B), or an RMH attending physician **appointed** by the CME Committee, must be an active participant in the planning process for every Category 1 CME activity from the initial stages of planning and must be a member of the Planning Committee. This must be documented (i.e. meeting minutes). The CME Committee member will be expected to present the activity at a CME Committee meeting. **In addition, consultation with the CME Manager prior to planning is required.** It is also recommended by the CME Committee that Course Directors consider involving physicians from the discipline of the target audience as well as from other OhioHealth campuses.
2. For each Category 1 CME activity, there must be a documentation of need (why the activity is being presented). This documentation can be minutes of a meeting, quality assurance data, correspondence, journal articles, etc.
3. The following information must be submitted to the CME Manager, and approved by the CME Committee:
 - a) planning form (Addendum A),
 - b) list of the planning committee members,
 - c) needs assessment documentation,
 - d) agenda/schedule of activity,
 - e) faculty/speaker background information (CV),
 - f) objectives/references for each topic, and
 - g) all promotional materials prior to print

This information must be received at least 60-90 days prior to the activity if it is a single/special event (i.e. symposium). The above information must be received no later than the 15th of the month prior to the activity if it is part of a conference series such as Surgery Grand Rounds (see Addendum B for schedule).

The CME Committee must approve the activity prior to mailing any publications (brochures, ads, etc.) certifying that CME credit has been granted (including AAFP credit). Specific accreditation and disclosure statements must be printed on publications; therefore, it is recommended that publications not be printed prior to CME approval.

4. There are national guidelines regarding commercial support, which Riverside has incorporated into its own guidelines (Addendum C). There must be a signed Letter of Agreement (Addendum D) between RMH & any/all supporting pharmaceutical companies. These must be signed by the CME Manager and the Course Director.
5. The objectives and references must be given to the attendees in the form of a handout; each attendee must complete an evaluation; and certificates must include the specific accreditation statement. The degree to which each individual objective was met must be evaluated. If requested, the CME Manager will provide an attendance sheet, handouts, evaluation forms and credit certificates. If not, all of the above must be approved by the CME Manager.
6. Every faculty member must complete a full disclosure form (Addendum E), and the audience must be informed of any information revealed which may bias the presentation. This must be documented.
7. Following the program, a list of participants and the completed evaluations must be returned to the CME Manager. RMH attending physicians will be given CME credit, which will be added to their hospital CME record. Guests should keep the aforementioned credit certificates for their records. The evaluations must then be summarized and are to be used in planning future activities.
8. We have implemented a financial policy for all CME activities sponsored by Riverside, which states that all financial aspects will be handled by the CME Office (see Addendum F for specifics).
9. If all of the above are not submitted prior to the program, the CME Committee cannot grant Category 1 CME credit to that activity. If the evaluations and attendance list are not returned, Riverside cannot validate that CME credit was granted.

**RIVERSIDE METHODIST HOSPITAL'S
CONTINUING MEDICAL EDUCATION
SCHEDULE FOR SUBMITTING CME PLANNING FORMS**

If you are planning a special event (i.e. symposium, evening program), the first schedule applies to this type of CME activity. These activities must be approved 60 days prior to the date and prior to any promotion. If you are planning a one-hour grand rounds as part of an existing series (i.e. Ob-Gyn Grand Rounds), the second schedule applies.

Contact Leslie Lynch, the CME Manager at (614) 566-5769 with any questions. Please submit completed planning forms to the following address:

Leslie Lynch, CME Manager
Riverside Methodist Hospital
3535 Olentangy River Road
Columbus, OH 43214

FOR FULL DAY, HALF DAY, SPECIAL EVENTS

<u>Date of CME activity</u>	<u>CME Committee Meeting Date</u>	<u>Deadline for Application</u>
January 2005	November 19, 2004	Nov. 12, 2004
February 2005	December 17, 2004	Dec. 10, 2004
March 2005	January 28, 2005	Jan. 21, 2005
April 2005	February 25, 2005	Feb. 18, 2005
May 2005	March 25, 2005	March 18, 2005
June 2005	April 22, 2005	April 15, 2005
July 2005	May 27, 2005	May 20, 2005
August 2005	June 24, 2005	June 17, 2005
September 2005	July 22, 2005	July 15, 2005
October 2005	August 26, 2005	August 19, 2005
November 2005	September 23, 2005	Sept. 16, 2005
December 2005	October 28, 2005	Oct. 21, 2005

FOR STANDING CONFERENCE SERIES

<u>Date of CME activity</u>	<u>CME Committee Meeting Date</u>	<u>Deadline for Application</u>
January 2005	December 17, 2004	Dec. 10, 2004
February 2005	January 28, 2005	Jan. 21, 2005
March 2005	February 27, 2005	Feb. 15, 2005
April 2005	March 25 2005	March 18 2005
May 2005	April 22, 2005	April 15, 2005
June 2005	May 27, 2005	May 20, 2005
July 2005	June 24, 2005	June 17, 2005
August 2005	July 22, 2005	July 15, 2005
September 2005	August 26, 2005	August 19, 2005
October 2005	September 23, 2005	Sept. 16, 2005
November 2005	October 28, 2005	Oct. 21, 2005
December 2005	November 18, 2005	Nov. 11, 2005

RIVERSIDE METHODIST HOSPITAL'S
CONTINUING MEDICAL EDUCATION PLANNING FORM

THIS FORM MUST BE COMPLETED AND RECEIVED FOR APPROVAL BY THE CME COMMITTEE AND IS ABSOLUTELY NECESSARY IF CATEGORY 1 CREDIT IS TO BE PROVIDED TO THE ATTENDEES.

IF THIS IS COMPLETED FOR PART OF A CONFERENCE SERIES (i.e. Surgery Grand Rounds), THE FORM MUST BE RECEIVED NO LATER THAN THE 15th OF THE MONTH PRIOR TO THE ACTIVITY. IF THIS IS FOR A SINGLE/SPECIAL EVENT (i.e. Symposium), IT MUST BE RECEIVED NO LATER THAN 60 DAYS PRIOR TO THE ACTIVITY.

1. PHYSICIAN PLANNER (RMH CME Committee/medical staff member involved in planning)

Please attach a list of the Planning Committee members, if applicable.

2. TITLE OF PRESENTATION

3. ACTIVITY LOCATION

4. IS THIS ACTIVITY PART OF A SERIES OR A SINGLE EVENT?

- NEW CONFERENCE SERIES i.e. grand rounds: _____
- SINGLE PRESENTATION/PART OF A SERIES
- SPECIAL EVENT (**Please attach an agenda.**)

6. ACTIVITY DATE

7. CATEGORY REQUESTED

- CATEGORY 1 (See Category 1 Guidelines)
- CATEGORY 2

NUMBER OF HOURS REQUESTED

8. HOW WAS THE NEED FOR THIS TOPIC DETERMINED? Check all that apply.
(Documentation needed for each topic.)

- | | |
|---|--|
| <input type="checkbox"/> SURVEY OF INTERESTS/DESIRES | <input type="checkbox"/> NEED OF SPECIALTY GROUP |
| <input type="checkbox"/> SELF-ASSESSMENT | <input type="checkbox"/> HEALTH CARE STATISTICS |
| <input type="checkbox"/> PATIENT CARE AUDIT | <input type="checkbox"/> DISEASE FREQUENCY |
| <input type="checkbox"/> PROCESS IMPROVEMENT | <input type="checkbox"/> MEDICAL STAFF COMMITTEE REQUEST |
| <input type="checkbox"/> MORBIDITY/MORTALITY STATISTICS | <input type="checkbox"/> UPDATE NEEDED/NEW TECHNIQUE |
| <input type="checkbox"/> NEED PERCEIVED BY LEADERSHIP | |

OTHER: _____

PLEASE EXPLAIN:

9. TARGET AUDIENCE (i.e. primary care physicians, surgeons)

10. TEACHING METHOD

- DIDACTIC LECTURE
- SMALL GROUP DISCUSSION
- WORKSHOP
- DEMONSTRATION/HANDS ON
- CASE STUDIES
- PANELS
- OTHER

11. PHARMACEUTICAL/COMMERCIAL SUPPORT (See guidelines)

Attach additional pages if more than one.

COMPANY:

NAME OF REPRESENTATIVE:

PHONE NUMBER OF REP.:

12. WOULD YOU LIKE TO APPLY FOR AMERICAN/OHIO ACADEMY OF FAMILY PHYSICIANS PRESCRIBED CREDITS? (OAFP, AAFP)

- YES NO

13. FACULTY (**Attach CV or biographical information**) If more than one, include on agenda.

NAME:

ORGANIZATION:

14. CONSIDER THE NEEDS & INTERESTS OF THE TARGET AUDIENCE AND STATE THE OBJECTIVES FOR THIS ACTIVITY. OBJECTIVES ARE NEEDED FOR EACH TOPIC PRESENTED. (Attach additional pages if more space is needed.)

THE OBJECTIVES SHOULD BE WRITTEN TO CONCLUDE THE FOLLOWING SENTENCE:
(SUGGESTED VERBIAGE TO COMPLETE THIS SENTENCE IS ENCLOSED.
VERBS SUCH AS "KNOW" OR "UNDERSTAND" ARE NO LONGER ACCEPTABLE.)

"AFTER PARTICIPATING IN THIS ACTIVITY, THE PHYSICIAN SHOULD BE ABLE TO:"

A.

B.

C.

15. PLEASE LIST 3 REFERENCES WHICH ATTENDEES MAY USE TO INCREASE AWARENESS OF THIS TOPIC OR REFER TO FOLLOWING THIS ACTIVITY

A. AUTHOR(S): _____

TITLE OF ARTICLE: _____

PUBLISHED IN: _____
(book/journal, year, volume and pages)

B. AUTHOR(S): _____

TITLE OF ARTICLE: _____

PUBLISHED IN: _____
(book/journal, year, volume and pages)

C. AUTHOR(S): _____

TITLE OF ARTICLE: _____

PUBLISHED IN: _____
(book/journal, year, volume and pages)

RIVERSIDE METHODIST HOSPITAL

CONTINUING MEDICAL EDUCATION COMMITTEE MEMBERS
2004-2005

Pamela J. Boyers, PhD, Chair; Director of Medical Education

Leslie Lynch, CME Manager

Grant Arthur, CME Coordinator

Beth Anderson, Evaluation & Outcomes Coordinator

_____, MD, Anesthesia Department Representative

Thomas Morse, MD, Emergency Medicine Dept. Representative

Steven Markovich, MD, Family Practice Department Representative

James Falko, MD, Medicine Department Representative

Thomas Boes, MD, Internal Medicine Program Director

Ronda Gaiser, MD, Ob-Gyn Department Representative

Ronald Kendrick, MD, Orthopaedic Surgery Section Representative

Peter Accetta, MD, Pathology Department Representative

Colleen Opremcak, MD, Psychiatry Department Representative

Thomas Buse, MD, Radiology Department Representative

Marco Bonta, MD, Surgery Department Representative

Mark Montoney, MD, Vice President of Quality & Clinical Support

Mary Beth O'Connor, Director of Disease Management Services

Keith Vesper, Vice President of Mission & Ministry, Administrative Representative

Kathy Morman, PharmD, Pharmacy & Therapeutics Committee Representative

Warren Wheeler, MD, Medical Director of Pain Management

Joseph Ruane, DO, McConnell Heart Health Center Representative

Scott Blair, MD, Oncology Section Representative

David Beard, MD, Medical Director of Pharmacy

Brigitte Trotier, RN, Quality Outcomes Management Coordinator

RIVERSIDE METHODIST HOSPITAL
CONTINUING MEDICAL EDUCATIONCOMMERCIAL SUPPORT GUIDELINES

The Continuing Medical Education (CME) Committee at Riverside Methodist Hospital has passed the following commercial support guidelines effective May 1, 2005. These guidelines were derived from recommendations of the Accreditation Council for Continuing Medical Education (ACCME), the American Medical Association (AMA) and the Pharmaceutical Manufacturers Association (PMA). Revisions have been made based upon the ACCME's revised Standards for Commercial Support, approved in September of 2004.

1. The CME Committee, supported by needs assessment documentation, will dictate the specific subjects/content presented at CME activities sponsored by Riverside. The speaker to present on that particular topic will also be chosen and initially contacted by the CME Committee, CME Office or the physician planner(s) of the activity. The physician planner(s) must be responsible for the organization of each activity. Commercial supporters may be asked to recommend a speaker or provide a list of potential speakers from which to choose. In addition, the CME Committee/Office must determine the objectives, format and evaluation methods. An activity will not be pursued if the speaker is "coming to town" unless prior needs assessment documentation exists.
2. Dinner programs will only be implemented if initially requested by a physician, and must be approved six months in advance. Grant approval is required prior to speaker confirmation.
3. The commercial supporter will then be asked to support the activity with an educational grant to offset the costs associated with the activity such as the speaker's honorarium and travel expenses, etc. All funds provided by the contributing company are to be disbursed only to Riverside, or the joint sponsor if applicable, and must be given with the full knowledge and approval of Riverside's CME Office. (All grant checks must be sent to the attention of the CME Office in the Medical Education Dept. or delivered by the appropriate representative to ensure receipt.) The speaker will be paid/reimbursed directly by Riverside or the joint sponsor if applicable.
4. All aspects of the educational grant must be outlined in a Letter of Agreement and signed by all parties involved, to include third parties, communication companies, joint sponsors, etc. The CME Committee, through the CME Office, must be responsible for all of the finances for the activity. This includes the determination of honoraria, which must comply with our Honorarium Policy. In the case of an exception (i.e. speaker giving multiple presentations for multiple organizations), a final budget will be requested for the activity file.
5. **Any invitations, fliers or other marketing tools must be approved by the CME Manager prior to distribution.** Any brochures or publications promoting a commercially supported CME activity must include the following statement: "This activity is supported by an educational grant provided by [commercial supporter]."
6. Any company providing an educational grant will be recognized for their contributions (i.e. in the brochure, activity handouts/syllabus, conference schedules, website, and/or by announcement). Company representatives may attend a CME conference at the discretion of the physician planner. Any institution-specific information (i.e. specific medical errors discussed) must remain confidential. Representatives wishing to attend must sign a Confidentiality Statement of Understanding.
7. Any representative who wishes to meet with the CME Manager regarding any matter should first contact the CME Office by phone to schedule an appointment (566-4675). Due to the hospital policies, representatives are not to be seen without a scheduled appointment.
8. A copy of the ACCME Standards for Commercial Support, a nationwide policy for all CME providers, accompanies this policy. This provides additional information regarding exhibit requirements, etc.

If you have any questions regarding the above guidelines or the attached Standards for Commercial Support to which all CME sponsors must adhere, please contact the CME Office at (614) 566-4675. Thank you for your cooperation.

Last CME Committee Review/Approval: 04/22/05

Disclosure & Conflict of Interest Policy

The Continuing Medical Education (CME) Office of Riverside Methodist Hospital requires that everyone who is in a position to control the content of an educational activity must complete, sign and return the following disclosure statement at least two weeks prior to the activity. This disclosure statement must include all relevant financial relationships with any commercial interest within the past 12 months that create a conflict of interest (2.1). Riverside's CME Program will not approve presenters who are employed by commercial supporters (i.e. pharmaceutical companies, etc.). In addition, any faculty whose presentation is to include discussion of unlabeled/investigational use of a commercial product is required to disclose this information.

Any individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher or an author of CME, and cannot have control of or responsibility for the development, management, presentation or evaluation of the CME activity (2.2).

The Standards for Commercial Support (5.2) also require that every CME activity is free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, speakers must use only generic names. If it is necessary to use a trade name, then those of several companies must be used. We also prefer that you not promote your individual private practice. Prior to the presentation, each speaker must provide references in the form of a bibliography that support the key teaching points. These must be submitted prior to the presentation to be distributed to the attendees.

If a potential conflict of interest is disclosed, the speaker will be asked to sign an Agreement to Comply statement (page 3 of this document) to ensure balance and compliance with the Standards for Commercial Support to which all CME providers must adhere.

The CME Office will disclose to participants prior to educational activities any/all relevant financial interests or the lack thereof, as well as any planned discussion of off-labeled usage or the lack thereof. The names of all persons and organizations involved in the content of the CME activity and the information disclosed by each will be given to the attendees prior to the activity in the handout, flyer, syllabus or announcement.

All activities will be monitored for balance and objectivity via peer review and use of evaluation data regarding speaker bias. Speakers perceived as biased will be notified of the audience perception, warned of potential slide review if invited back, and/or not invited to present again if scores and comments reflect significant bias.

Upon completion of the attached disclosure form, please return to:

Leslie Lynch, CME Manager
Medical Education Department
Riverside Methodist Hospital
3535 Olentangy River Road
Columbus, OH 43214

Fax: (614) 566-1026
Phone: (614) 566-5769
E-mail: lynchl@ohiohealth.com

**RIVERSIDE METHODIST HOSPITAL'S
POLICY ON FULL DISCLOSURE**

As you undoubtedly know from the national media, there has been much discussion concerning the relationships between CME providers, faculty and commercial companies providing support for CME. Both the AMA and the Accreditation Council for CME (ACCME) have adopted regulations for ethical actions in this area, which we endorse and have adopted for all our educational activities.

We are required, by the Standards of Commercial Support, to determine if you have any relevant financial relationships with any commercial products that will be discussed in your presentation. Please be assured that having an affiliation with a company does not imply in any way that something is wrong or improper. Rather, as a CME-accredited institution, we are required to inform the attendees prior to the activity of any such financial interests or relationships. The audience may then form their own judgments about the presentation.

Please check the appropriate box in each section, complete any applicable information and sign.

CME Activity: _____

<input type="checkbox"/>	I do not have any relevant financial interest or other relationship with the manufacturer of any commercial product(s) discussed in this presentation in any amount occurring within the past 12 months.
<input type="checkbox"/>	I do have a relevant financial interest or relationship with one or more of the commercial product(s) discussed in my presentation which has occurred with the past 12 months. I have indicated the nature of this relationship below:
AFFILIATION/FINANCIAL INTEREST	NAME OF ORGANIZATION(S)
Grant/Research Support	
Consultant	
Speaker's Bureau	
Major Stock Shareholder	
Other Financial or Material Interest	

NOTE: If a significant relationship exists, you must sign the following page as well.
 (OSMA: Standard 2.3)

I **do not** intend to discuss an unlabeled, unapproved and/or investigative use of a commercial product.

I **plan** to discuss an unlabeled, unapproved and/or investigative use of a commercial product/device:
 Please identify the product and the unlabeled use: _____

I understand that all recommendations involving clinical medicine in a CME activity must be based on evidence that is acceptable within the profession of medicine as adequate justification for their use. I further understand that all scientific research referred to, reported or used in a CME presentation must conform to the generally accepted standards of experimental design, data collection and analysis. By signing this disclosure, I agree that any potential conflict of interest noted above will not influence the content of this presentation and/or who is selected to participate in the presentation.

Signature: _____ Date: _____

PLEASE NOTE: REFUSAL OR FAILURE TO COMPLETE AND SUBMIT THIS DISCLOSURE STATEMENT WILL RESULT IN BEING DISQUALIFIED FROM PARTICIPATING IN THIS CME ACTIVITY (Standards for Commercial Support 2.2).



Riverside Methodist Hospital OhioHealth

CME AGREEMENT TO COMPLY

As a CME Provider, we must implement a mechanism to identify and resolve all conflicts of interest prior to the educational activity being delivered. As a speaker for Riverside Methodist Hospital's CME Program, we must ask you to comply with the Standards for Commercial Support with regard to your presentation.

Having disclosed a potential conflict of interest, please initial that you have read each of the statements below and sign at the bottom.

We greatly appreciate your willingness to take the time to prepare, present and complete CME requirements necessary for this presentation.

I understand that educational materials that are part of my presentation, such as slides, abstracts and handouts, cannot contain any advertising, trade name or product-group message (4.3).

(initial)

I understand that the content and/or format of this presentation and its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest (5.1).

(initial)

I understand that this presentation must give a balanced view of therapeutic options. I agree to use generic names or, where available, trade names from several companies, not just a single company (5.2).

(initial)

Signature

Date

RIVERSIDE METHODIST HOSPITAL

**CONTINUING MEDICAL EDUCATION
FINANCIAL POLICY**

1. Medical Council shall determine the amount of funds allocated to CME from the medical staff dues collected each year. A quarter of this amount shall be deposited into the CME Account of the Medical Education Department's Hospital budget in July, October, January and April of each year.
2. Any educational grants collected from commercial supporters for individual CME activities or a symposium shall be deposited into the CME Account of the Medical Education Department's Hospital budget.
3. Any surplus of educational grants from individual activities (excluding symposia grants) and any administrative fees for a given activity (see Administrative Fee Policy) that is not utilized at the end of the fiscal year will be transferred to the CME Office portion of the CME Foundation Fund.
4. Any surplus of the medical staff dues allocated for CME that is not utilized at the end of the fiscal year will be transferred to the CME Office portion of the CME Foundation Fund.
5. Each symposia that is sponsored by Riverside Methodist Hospital and utilizes the CME Office for financial transactions will be given a separate sub-fund within the CME Foundation Fund. Any/All profits will remain in that symposia's sub-fund for future events (minus the administrative fee; See page 2, #4).
6. Any funds remaining in a symposia sub-fund of the CME Foundation Fund with no activity for more than 3 years will be transferred to the CME Office portion of the CME Foundation Fund.
7. The funds in the CME Office portion of the CME Foundation Fund will be utilized in the case of a deficit in the Hospital budget as approved by the CME Committee.
8. As approved by the CME Committee, funds from the CME Office portion of the CME Foundation Fund may be used to plan for the future of Riverside's CME Program. Purchases may include but not be restricted to curriculum development, faculty honoraria, durable goods, etc.
9. Signatures of approval are required by the CME Manager and the Director of Medical Education.



Effective: 07/01/99
Revised: 06/23/00
Revised: 04/22/05

Pamela J. Boyers, Ph.D.
Director, Medical Education

SYMPOSIA/SPECIAL EVENTS

A. BUDGET & REGISTRATION FEES

1. Each symposium/special event must submit a preliminary and final budget to the CME Committee for approval. Conference revenues must cover all conference costs. The physician planner/course director and the CME Office must reconcile any projected deficit before announcing the proposed symposium. Preliminary budgets must include all potential commercial supporters (company names) and the estimated funding for each.
2. Course directors/physician planners must discuss with each commercial supporter their company's requirements for educational grants/display fees prior to submitting the activity for CME credit. Specific details, such as individual grant processes and required lead time, necessitate these determinations prior to inclusion in the budget.
3. Approved OhioHealth residents and fellows will have registration fees waived. Materials will be provided at no cost. Rotating residents and fellows from affiliated institutions assigned to Grant/Riverside at the time of the event will have registration fees waived.
4. Conferences requiring extraordinary fees and costs (e.g., high technical or "hands on" training costs) may be available to residents/fellows only at the discretion of the physician planner/course director and the Director of Medical Education.

B. HONORARIA, EXPENSES & RESIDUAL INCOME DISPOSITION

1. Course directors (and co-directors, if applicable) are eligible for honoraria/portions of residual income if there is a surplus of funds (income over expenses) from the conference. If requested, up to 10% of any residual income, after all expenses are paid, may be given to the course director (or split between the course director and co-director), provided that the course director was not given an honorarium for speaking at the conference. The remaining 90% residual income will be paid to that specific symposium sub-fund of the CME Foundation Fund minus the appropriate CME accreditation fees.
2. The honoraria for each presenter/faculty will be mutually agreed upon by the course director and the Director of Medical Education within approved budgetary limits of the conference and Riverside's honorarium policy, as established and approved by the CME Committee. The approved policy establishes limits for honoraria that are not to be exceeded. Lower amounts are appropriate in many instances. Faculty and course directors may donate their efforts gratis to the conference. If a course director encounters a need to exceed the established honoraria guidelines, a written justification for variance may be forwarded to the Director of Medical Education for consideration and recommendation to the CME Committee. The CME Committee decision regarding such requests shall be final.
3. Conferences not collecting registration fees (i.e. grand rounds) are not to provide honoraria to Riverside faculty (e.g. Riverside physicians presenting at an RMH grand rounds will not be paid). Any support funds received for such efforts may be donated to the CME Office portion of the CME Foundation Fund.
4. An administrative fee ([see CME Fee Structure](#)) will be charged to all symposia (except when it is co-sponsored with another CME provider). This fee will be subtracted from the residual income and transferred to the CME Office portion of the CME Foundation Fund at the end of the fiscal year. Non-profit agencies will be given a 25% discount.
5. Jointly Sponsored Activities – Non-accredited sponsors applying for CME credit will be asked to choose between two financial options: 1) RMH will be responsible for the financial aspects of the activity, and any surplus or deficit will remain in/be assumed by the Hospital CME Account; or 2) The non-accredited sponsor will be responsible for the financial aspects of the activity, and any surplus or deficit will need to be reported in the final budget submitted to the CME Committee. If RMH handles the financial aspects, all income via registration, commercial support, etc., must be submitted to the CME Office. If the non-accredited sponsor handles the financial aspects, copies of all checks written and received must be submitted along with the final budget to document that all commercial support was given in the form of educational grants and speakers were paid by the non-accredited entity.