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**CONTINUING CERTIFICATION**

**AMERICAN BOARD OF OTOLARYNGOLOGY – HEAD & NECK SURGERY**

PROCEDURE FOR CERTIFYING ACTIVITIES

**PURPOSE**

The ACCME and the **AMERICAN BOARD OF OTOLARYNGOLOGY – HEAD & NECK SURGERY (ABOHNS)** have collaborated to simplify the integration of Maintenance of Certification (MOC) and accredited CME. This guide outlines the process for Faculty/Activity Directors to follow for ensuring documentation standards are met for **ABOHNS Continuing Certification**.

**REGISTRATION PROCESS**

**The CME office can process Continuing Certification credits once the following registration steps are completed:**

1. Attest to compliance with [ACCME’s CME for MOC Program Guide](https://www.accme.org/publications/cme-for-moc-program-guide) and [ABOHNS requirements](https://www.aboto.org/moc.html).
2. Agree to collect the required individual learner completion data and submit it via PARS.
3. Agree to abide by ABOHNS and ACCME requirements for use of the data.
4. Agree to allow ACCME to publish data about the activity on ACCME’s website ([www.cmefinder.org](http://www.cmefinder.org)).
5. Agree to comply with requests for information about the activity if the activity is selected for an audit by the ACCME.

**SUMMARY OF REQUIREMENTS FOR ABOHNS CONTINUING CERTIFICATION**

1. Certified for *AMA PRA Category 1 CreditTM*

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| COMPONENT | REQUIREMENT | EXPECTATION |
| Evaluation Mechanism | All activities, including live activities, must include a comprehensive evaluation component that assesses individual learner competence, knowledge and/or skill. | The evaluation measures the competence or performance of the individual learner and not of the activity. Evaluation methods employed should be able to identify individual learning (not anonymous). |
| Participation Threshold | The provider determines and communicates the participation threshold, also known as a passing standard, for the learner to earn MOC credit. | The participation threshold must be clearly communicated to the learner prior to engagement in the activity. The learner must meet the participation threshold set by the provider before credit is reported. |
| Feedback | All activities must include feedback to participants, identifying learner results with rationales for correct answers or attainment of applicable skill(s), and/or relevant citations where appropriate. | Evaluation of the learner and feedback to the learner must be completed before completion credit may be awarded.  page19image8934656 |

2. Meets the following ABOHNS Continuing Certification criteria:

**[Link for additional information: ACCME’s CME that Counts for MOC](https://www.accme.org/cme-counts-for-moc)**

**DOCUMENTATION CHECKLIST FOR CERTIFYING ACTIVITIES FOR ABOHNS Continuing Certification**

**Activity Directors are required to complete and submit this form with attachments to CEL Office.**

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| **ACTIVITY INFORMATION** | | | |
| **CME Activity Title:** | | | |
| **Date:** | | **Activity Type:**  RSS  Live Course  Enduring Material  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Total CME credit count:** | | **Total Continuing Certification credit count:** | |
| **Activity Director:** | | **Department Coordinator:** | |
| **Indicate the practice area(s) for which this activity is relevant (select all that apply):**  Allergy  Otology  Sleep Medicine  Facial Plastic & Reconstructive Surgery  Rhinology  General Otolaryngology  Head & Neck  Neurotology  Laryngology  Pediatric Otolaryngology | | | |
| **Please indicate the type(s) of Continuing Certification credit for which you are offering this activity:**  Lifelong learning  Self-Assessment  Improvement in Medical Practice  Patient Safety\*  *\*Patient Safety is not a standalone activity type, can only be selected in addition to the other activity types.* | | | |
| **TASK** | **ITEMS INCLUDED IN Task** | | **NOTES** |
| **PRE-ACTIVITY: Due 30 Days Before Activity** | | | |
| **Permission to share learner data** | **Attachment**: Provide evidence that physician learners were informed that their participation information would be shared with ABOHNS via ACCME’s PARS prior to the start of the activity. Obtain permission from all learners to share completion data with the ACCME and ABOHNS. | |  |
| **Learner Evaluation** | Select which of the following **Evaluation Methods** will be used:  Case Discussion  Written Responses  Quiz  Audience Response System (ARS)  Other – Please explain:  ***Please see the*** [***Appendix A: Evaluation and Feedback Resources***](https://www.accme.org/publications/cme-for-moc-program-guide)***.***  **Attachment:** Provide a description or copy/sample of the evaluation tool. | |  |
| **Participation Threshold** | **Attachment:** Briefly describe the minimum participation threshold (e.g. score, correct written or shared response, etc.) for the learner to earn Continuing Certification credit. | |  |
| **Learner Feedback** | **Attachment:** Briefly describe the process by which feedback will be provided to learners and include a sample of the feedback tool. Provide verification that the learners successfully met the minimum participation threshold for the activity. | |  |
| **Recognition Statement** | The following statement should be used when promoting ABOHNS activities:  “Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn their required annual part II self-assessment credit in the American Board of Otolaryngology – Head and Neck Surgery’s Continuing Certification program (formerly known as MOC). It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of recognizing participation.”  If applicable, please send a sample to the UR CME office. | |  |
| **In addition to the requirements above, provide the following attachments based on the Continuing Certification credit categories that you selected for this activity (Self-Assessment, Improvement in Medical Practice, Patient Safety)** | | | |
| ***Improvement in Medical Practice*** | **Attachment:** Provide a description of how the program addresses a quality or safety gap that is supported by a needs assessment or problem analysis, or supports the completion of such a needs assessment as part of the activity. | |  |
| ***Improvement in Medical Practice*** | **Attachment**: Provide a description of the specific, measurable aim(s) for improvement. | |  |
| ***Improvement in Medical Practice*** | **Attachment**: Provide a description of the interventions intended to result in improvement. | |  |
| ***Improvement in Medical Practice*** | **Attachment**: Provide a description of the data collection and analysis of performance data to assess the impact of the interventions. | |  |
| ***Improvement in Medical Practice*** | **Attachment:** Provide a definition of meaningful clinician participation in the activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information. | |  |
| ***Patient Safety*** | **Attachment**: Provide a description of how the activity addresses at least one of the following topics: (1) Foundational Knowledge (2) Prevention of Adverse Events. | |  |
| **POST-ACTIVITY: Due 30 Days After Activity (Quarterly if RSS)** | | | |
| **Learner Attendance & Evaluation Data** | **Attachment(s):**  • Use the attached Spreadsheet ([Tab-delimited Submission Learner Template B)](https://www.accme.org/publications/tab-delimited-submission-learner-template-b) to document Learner Completion Data for learners claiming ABOHNS Continuing Certification.  • Provide a summary of comprehensive evaluation data with documentation showing that learner(s) successfully met the passing standard for activity. | |  |

**CME Activity Director Attestation:** *I attest to the completeness and accuracy of this application, as well as the requirements for the*[*ACCME’s CME for MOC Program Guide*](https://www.accme.org/publications/cme-for-moc-program-guide)*.* *In addition, I will submit the aforementioned documents to the UR CME Office so the activity can be registered with the ACCME and ABOHNS.*

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| **Signature** | **Print Name** | **Date** |