

CE Provider Questionnaire

(To be completed by the accreditor)

1. Do you have a compliance program?

Yes

No

2. Provide CE Compliance Officer/CE Director name, title, address, email address, telephone

Program Name	Program Date	Tax ID
Officer Name	Address (City, State, Zip)	
Title	Email	Phone

3. Is this organization recognized as an accredited provider or a designated approver by regulatory bodies such as ACCME, AAFP, ACPE, AANP, NAPNAP, or ANCC?

Yes

No

If no, please attach a separate document to explain.

Click to attach

If yes, please complete the following information.

Name of regulatory body	Expiration date of current accreditation/ approval status (month/year)	Length of term (in years)

For ACCME accredited providers, please provide the following accreditation level information (check one box):

Accreditation

Accreditation with
commendation

Provisional
accreditation

Probation

Non-accreditation

Please check this box if there were any findings of partial or non-compliance in essential areas in the last accreditation decision report and attach a separate document to explain.

Click to attach

4. Does this organization have a written policy regarding the identification and resolution of potential conflicts of interest between potential faculty members and sponsors (grantors) for proposed educational activities?

Yes No

If no, please attach a separate document to explain.

Click to attach

5. Does this organization have a written policy governing honoraria, appropriate travel expense reimbursement and documentation to ensure that faculty will be instructed and comply with conditions of appropriate use of commercial support?

Yes No

If no, please attach a separate document to explain.

Click to attach

6. Does this organization require that participants rate the educational activity with regard to fair balance and independence of the activity as a whole, and individual faculty?

Yes No

If no, please attach a separate document to explain.

Click to attach

7. Are the policies and requirements above (items 3, 4, and 5) adhered to for all independent educational activities?

Yes No

If no, please attach a separate document to explain.

Click to attach

8. Does this organization have adequate staff to provide a detailed accounting and documentation of the disbursement of grant funds, on a timely basis, if requested by the grantor?

Yes No

If no, please attach a separate document to explain.

Click to attach

Signature of CE Compliance Officer/CE Director	Date