

REQUEST AN NCMS PRE-APPLICATION

The NCMS screens requests for pre-applications to ensure that only potentially eligible organizations engage in the pre-application eligibility review process.

Once you complete and submit this form to Russet Rogers at rrogers@ncmedsoc.org, you will receive an email confirming that your request has been received. NCMS staff will review your request and follow up within five business days.

INELIGIBLE COMPANIES

Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients are ineligible for NCMS accreditation. The NCMS determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, its corporate structure.

Organizations eligible for NCMS accreditation are those whose mission and function are: 1) providing clinical services directly to patients; or 2) the education of healthcare professionals; or 3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible.

Please provide the following information:

ORGANIZATIONAL INFORMATION: (* are required fields)

Organization Name *

List the U.S. State/Territory or country in which your organization is located or incorporated.*

Organization Website *

Is your organization currently accredited to provide continuing medical education by any other accreditor? *

- Yes No

Geographic distribution of learners (applicable to U.S.-based organizations): *

- Yes, we can demonstrate that no more than 30% of our learners are from beyond our home and contiguous states.
- No, we cannot demonstrate that no more than 30% of our learners come from beyond our home and contiguous states.
- Not applicable (Check not applicable if your organization is located or incorporated outside the U.S. or its territories).

Our organization does not produce, market, sell, re-sell, or distribute healthcare products used by or on patients, nor is it a subsidiary of a company that produces, markets, sells, resells, or distributes healthcare products used by or on patients. *

- Yes No

Our organization is not owned or controlled by a company that produces, markets, sells, re-sells, or distributes healthcare products used by or on patients, nor is it a subsidiary of a company that produces, markets, sells, re-sells or distributes healthcare products used by or on patients. *

- Yes, we can demonstrate that we are eligible.
- No, we cannot demonstrate that we are eligible.

Our organization will be able to present evidence in the NCMS Pre-application from at least one CME activity completed in the last twenty-four months that would meet the expectations of the NCMS's requirements (The activities may or may not have been offered for CME credit but were developed and executed following the NCMS's requirements). *

- Yes No

What are the major content areas of your CME program? *

Who are your primary physician learners? *

Our organization will submit all materials and information in English *

Yes No

CONTACT INFORMATION FOR THE ORGANIZATION

The contact information provided here will be used by NCMS for communicating with the applicant organization.

Primary contact information (first and last name): *

Primary contact title *

Primary contact address (street address, City, State, Zip code) *

Primary contact email: *

Primary contact phone number: *

Primary contact and Chief Executive Officer are: *

The same person Different people

If Chief Executive Officer is different than primary contact please provide first and last name:

Chief Executive Officer phone number:

This is the end of the Request for a NCMS Pre-application form. Please send this completed form to Russet Rogers at rogers@ncmedsoc.org. Please keep a copy of this form.