

# INFORMATION AND INSTRUCTION SHEET

## ILLINOIS CONTINUING MEDICAL EDUCATION SPONSOR APPLICATION DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

*Sponsors may include accredited colleges and universities, professional associations, specialty societies, boards, individuals, firms, and other entities approved and authorized by the Department of Financial and Professional Regulation.*

### CME SPONSOR APPROVAL

An entity seeking approval as a Continuing Medical Education (CME) Sponsor of formal programs shall:

1. Submit the Illinois Continuing Medical Education Sponsor Application.
2. Forward a fee of \$2,000 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. *Fee is non refundable.* Forward the application and fee to the address listed below.

Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
320 West Washington Street  
Springfield, IL 62786

NOTE: State agencies, State colleges, and State universities in Illinois are exempt from fee requirement.

3. Provide a copy of a sample program including course materials, syllabi and a list of faculty and their qualifications.
4. Enclose a sample Certificate of Attendance, which must include:
  - a. The name, address, and license number of the sponsor;
  - b. The name, address, and license number of the participant;
  - c. A brief statement of the subject matter;
  - d. The number of approved credit hours attended in each program;
  - e. The date and place of the program; and
  - f. The signature of the person responsible for the CME program.

Upon receipt of the application and all required documentation, the file will be prepared for review by the Illinois Medical Licensing Board. Sponsor applicants will be advised in writing of the board's decision.

### CME COURSE CONTENT

All formal programs shall:

1. Contribute to the advancement, integrity, extension, and enhancement of the professional skills and scientific knowledge in the practice of medicine;
2. Contain subject matter and course material relevant to that required by the Medical Practice Act;
3. Be developed and presented by persons with education and/or experience in the subject matter of the CME courses;
4. Be indicative of the course objectives, course content and teaching methods to be used; and
5. Define the number of CME hours that may be applied to fulfilling the Illinois CME requirements for license renewal.

A CME hour shall equal 60 minutes. After completion of the initial CME hour, credit may be given in one-half hour increments.

### RESPONSIBILITY OF CME SPONSOR

1. It shall be the responsibility of the sponsor to provide each participant in an approved program with a Certificate of Attendance as outlined above.
2. The Department or Board may evaluate any sponsor of any approved CME program at any time to ensure compliance.
3. The sponsor shall maintain attendance records and course materials for not less than five (5) years.

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4. Each CME sponsor shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.
  5. The sponsor shall be responsible for assuring that no renewal applicant receives CME credit for time not actually spent attending the course.
  6. Any time the sponsor subcontracts with a presenter, all advertisements, promotional materials and the Certificate of Attendance will bear the name, address and license number of the sponsor.

The name of the subcontractor may appear as the "Presenter" but no document shall imply that the subcontractor is licensed as a CME sponsor.

7. Each sponsor shall submit to the Department written notice of program offerings, including program offerings of subcontractors, 30 days prior to course dates. Notice shall include the description, location, date and time of the program to be offered.
8. The Department will give no credit for programs offered subsequent to the date of the Department's withdrawal of the sponsor's approval.
9. The sponsor license must be renewed by July 31 every third year. The renewal fee is \$2,000. The sponsor is also required to provide a list of courses and programs offered within the last 36 months. The list shall include a brief description, location, date and time of each course given by the sponsor and by any subcontractor.

Renewal forms are mailed to the address on record with the Department. CME sponsors must notify the Department of all address changes in writing.



### CME SPONSOR AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing medical education (CME) program(s) offered by the sponsor named on the reverse side of this form and that the sponsor will at all times comply with the following requirements:

1. Programs will be open to all persons who hold a license and for whom the program contributes directly to their knowledge and professional skills to perform their duties as a licensee, and to any licensee under the Act who is inactive, on probation, or in need of continuing medical education hours. All advertisements of the program and all program enrollment forms will clearly state this fact.
2. Any time the sponsor subcontracts with a presenter, all advertisements, promotional materials and the Certificate of Attendance will bear the name, address and license number of the sponsor. The name of the subcontractor may appear as the "Presenter" but no document shall imply that the subcontractor is licensed as a CME sponsor.
3. Sponsor shall submit to the Department written notice of program offerings, including program offerings of subcontractors, 30 days prior to course dates. Notice shall include the description, location, date and time of the program to be offered.
4. The licensed CME sponsor will retain all responsibility for attendance, providing Certificates of Attendance and ensuring the program meets all of the criteria established by the Act and Administrative Rules.
5. A Certificate of Attendance which reflects accurate information will be provided to each program's participant. Records will be maintained for five years and in such form and fashion as will allow this sponsor to provide duplicate records of attendance to participants and/or the Department.
6. The sponsor will be responsible for assuring that no renewal applicant receives CME credit for nonparticipation in a program.
7. The Department will give no credit for courses given subsequent to the date of the Department's withdrawal of the sponsor's approval.
8. I understand that the Department may require additional materials to be submitted as part of the ongoing audit of licensed CME sponsors.
9. Failure to comply with the Act and Rules may result in disapproval of this sponsor by the Department.

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Print Name

\_\_\_\_\_

Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Signature of Notary Public

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Date of Expiration