



Continuing Medical Education JOINT SPONSORSHIP FORM

This completed supplement must be attached to the Application for Designation of Category 1 Credit if a group outside of the Sparrow Health System sponsors the CME activity.

The Accreditation Council for Continuing Medical Education states: "An accredited institution or organization has the same responsibility for an activity it jointly sponsors as for an activity it sponsors...and must demonstrate that it has participated integrally in planning and implementation of these activities.

The presence of a staff member of the Sparrow Health System on another organization's planning committee is not adequate of designate credit hours. Planners representing Sparrow should be formally designated and recognized by the Continuing Medical Education Office regarding their responsibilities in advance of planning the activity.

This page provides the supplemental documentation to verify that Sparrow Health System has met its responsibilities for integral involvement in all aspects of the activity.

1. What non-Sparrow Health System organization is jointly sponsoring the educational activity?

Organization Name: _____

Title of Educational Activity: _____

Physician or other individual within the organization responsible for the education activity:

Name: _____

Title: _____

Address: _____

Telephone Number: _____ FAX: _____

2. Did the physician coordinator who is responsible for this educational activity (identified in Item #1.9 of the application) participate in the **educational needs assessment** of the target audience **BEFORE** the program was developed? Yes ___ No ___

3. Did the physician coordinator who is responsible for this educational activity participate in the **development of the objectives** of the program? Yes ___ No ___

4. Did the physician coordinator who is responsible for this educational activity participate in the **selection of the speakers and the content** of the presentation? Yes ___ No ___

5. Does the physician coordinator who is responsible for this educational activity know the administrative arrangements regarding this activity, including the **planned and actual expenditures** and their appropriateness? Yes ___ No ___

6. Will the **Sparrow Health System's name appear prominently as a joint sponsor on all promotional materials** and printed programs? Yes ___ No ___

7. If the activity is audited by the Michigan State Medical Society (MSMS) for compliance with the above requirements, can the physician coordinator who is responsible for the educational activity **produce documentation demonstrating compliance**? Yes ___ No ___

Signature

Print Your Name

Date

Please attach this completed form to the CME Application.