



INTENT TO APPLY FOR JOINT REACCREDITATION

Joint Accreditation (JA) asks each provider seeking reaccreditation to confirm its intent to follow JA policies and fulfill the responsibilities associated with being a Joint Accreditation provider.

This document includes the questions that organizations will be asked to respond to in completing the Intent to Apply for initial Joint Accreditation form. It is provided for informational purposes only. JA reserves the right to modify questions for clarity and completeness.

ORGANIZATIONAL INFORMATION

Name of Organization:	
Organization Website URL:	

The first step in the process is to confirm your intent to continue as a JA-accredited provider by engaging in the JA reaccreditation process. (Please select the appropriate statement.)

We confirm that:

- We are providing written confirmation of our intent to apply for reaccreditation as a jointly accredited provider.
- Our organization is not applying for reaccreditation as a jointly accredited provider.
If you select this option, please tell us why you are choosing not to apply for reaccreditation.

JOINT ACCREDITATION ELIGIBILITY

Next, we will need to confirm your eligibility to engage in the Joint Accreditation reaccreditation process.

An organization is eligible to seek reaccreditation as a joint provider of continuing education for the healthcare team if...

- At least 25% of the educational activities delivered by the organization during the accreditation term are comprised of education designed by and for the healthcare team;
- The organization engages in the Joint Accreditation process and demonstrates compliance with the criteria.

Please select the appropriate statement.

Our organization:

- ...meets the eligibility criteria set for providers wishing to engage in the Joint Accreditation process.
- ...does not meet the eligibility criteria set for providers wishing to engage in the Joint Accreditation process.

If you select this second option, please tell us why your organization no longer meets the eligibility criteria set for providers wishing to engage in the Joint Accreditation process

ORGANIZATIONAL STRUCTURE

Organizations that are ineligible companies are not eligible to be jointly accredited and are not permitted to control CE content. Please confirm that your organization 1) is not an ineligible company and 2) is not owned by an ineligible company.

An ineligible company is any company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Please check all that apply:

- Our organization is not an ineligible company.
- Our organization is not owned by an ineligible company.

ATTESTATION TO JOINT ACCREDITATION POLICIES

In accordance with Joint Accreditation's expectations, we shall comply with and be bound by all Joint Accreditation policies and procedures that are posted on the Joint Accreditation website meet all of the Administrative Responsibilities for Joint Accreditation as listed on the [Joint Accreditation website](#).

- We Agree

Expectations related to performance while accredited: Joint Accreditation providers must abide by all of the JA Accreditation Criteria, as updated from time to time, including the ACCME's Standards for Integrity and Independence in Accredited Continuing Education, and all JA Policies.

Our organization agrees that in consideration of Joint Accreditation engaging in any process of accreditation, reaccreditation or the provision of any other service to our organization, we shall comply with and be bound by all Joint Accreditation policies and procedures. Joint Accreditation policies and procedures are posted on the [Joint Accreditation website](#).

- We Agree

Responsibilities of providers during the reaccreditation process: Please confirm your organization's review of the requirements, as set forth in the Joint Accreditation Framework, available at www.jointaccreditation.org.

All the materials submitted to Joint Accreditation, in any format and at any stage of the review process, are true statements, do not omit any necessary material facts, are not misleading, fairly present the organization, and are the property of the organization.

We Agree

The information we submit for accreditation (self-study report, performance-in-practice, other information) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.

We Agree

We have read the Joint Accreditation's submission requirements for submitting self-study information and evidence of performance-in-practice and will abide by these requirements.

We Agree

We have been made aware of the following actions Joint Accreditation may take if our organization does not abide by the submission requirements, including meeting deadlines, content, and format requirements. When an organization does not follow submission requirements, including meeting deadlines, content, and format requirements, Joint Accreditation has the right to:

- Discontinue the accreditation review process and allow the provider's accreditation to expire at the conclusion of its current term of accreditation;
- Grant a one-cycle term extension to the provider, the standard extension fee will apply;
- Change an organization's accreditation status; and/or
- Deny accreditation.

We Agree

Responsibilities of providers related to the American Medical Association's ("AMA") Physicians Recognition Award Credit System:

The AMA has set forth expectations of providers that designate CME activities for *AMA PRA Category 1 Credit™*. The ACCME helps to facilitate the process by which accredited providers supply the AMA with evidence of their performance-in-practice related to AMA expectations.

We acknowledge that, pursuant to standards established by the AMA, an organization accredited by the ACCME system may designate educational activities for *AMA PRA Category 1 Credit™*. We also acknowledge that pursuant to standards established by the AMA, for an educational activity to qualify for *AMA PRA Category 1 Credit™*, the activity may have to meet additional requirements. We attest to meeting the AMA's format requirements for any enduring materials, journal-based CME, or performance improvement CME activities that we produce. These requirements are described on the AMA's website. We understand and consent to Joint Accreditation collecting and sharing information with the AMA relevant to the *AMA PRA Category 1 Credit™* requirements.

We Agree

ATTESTATION AND SIGNATURE

I attest, by providing my name below, that I am duly authorized by the applying organization, named here, to submit this application for Joint Accreditation reaccreditation and to make the statements herein.

Please enter the name of the organization:	
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On behalf of the organization, I:

- have read the Joint Accreditation eligibility requirements and criteria.
- understand that the organization is subject to all eligibility requirements and criteria for accreditation as described in the current Joint Accreditation framework and any updates thereto.
- agree that in consideration of the Joint Accreditors engaging in any process of initial Joint Accreditation, reaccreditation, or the provision of any other service to the initial applicant or to the Jointly Accredited Provider, the initial applicant or Jointly Accredited Provider shall comply with and be bound by all Joint Accreditation policies and procedures that are posted on the Joint Accreditation website
- hereby certify that the information provided on and with this application is true, complete, and correct.
- understand that the information that is considered 'public information' by the Accreditors, including certain information about accredited providers, may be published and released by the Accreditors, including on the Joint Accreditation and collaborating accreditors websites.
- attest that the materials submitted for Joint Accreditation (self-study report, activity files, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.

Your Name:	
Your Title/Organizational Role:	
Date (mm/dd/yyyy):	