JOINT ACCREDITATION
INTERPROFESSIONAL CONTINUING EDUCATION

Activity Excel File Upload Instructions

For Joint Accreditation Reporting 2021 and Beyond

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Introduction

The Excel batch upload function in Joint Accreditation Program and Activity Reporting System (JA-PARS) offers providers the ability to add, update or delete multiple activity records at one time. Although this function is available for use by all providers, it will be particularly useful to organizations that already have their own CE tracking system and can map the fields in their system to the fields in JA-PARS.

The main section of these instructions describes how to use a Microsoft Excel template to organize your data in such a way that it can be uploaded into JA-PARS and the fields/values that are necessary for the upload. Additional appendices supply lists of entries expected in certain fields. Certain fields are required to assign a certain status to an activity.

Draft: The activity has enough information to save a record in JA-PARS. In this batch method, Record Action, Internal ID, Activity Title, Activity Format, Activity Start Date, and Activity End Date are required to initially save an activity record. More information can be added as necessary with subsequent Update actions.

Record Action	ACCME Activity ID	Internal ID	Activity Title	Activity Format	Delivery Method - In-Person	Delivery Method - Livestreamed	Delivery Method - Online	Delivery Method - Print/Other	Activity Start Date	Activity End Date
Add		Example1-1	Diabetes Management Strategies	Enduring Material					1/1/2021	12/31/2023

Active: The activity has enough information to display on CME Passport. Any column with Yes indicated in the values table is required to achieve this status.

Ready to Close: An active activity with an end date that has passed. Once learner totals and commercial support details have been reported, this activity can be marked as closed via an update action.

Closed: Once an activity is marked as closed no additional updates can be made. A provider can re-open a closed activity up to 30 days after it has been marked as closed in the JA-PARS interface if edits need to be made.

Getting help with JA-PARS: If you can't find what you're looking for in these instructions, you can submit your questions to the ACCME using the contact support interface within JA-PARS. You may also contact Joint Accreditation at info@jointaccreditation.org with your questions.

Change Log

Change Date	Change Description
11/18/2026	Updated: Appendix G – Content Domains Add MI-MD and MI-DO as applicable states for the following State Content Tags: Added to: • Human Trafficking Prevention *Under Opioids* • Controlled Substances • General Controlled Substances Prescribing/Dispensing- Practices • Identifying and Managing Controlled Substance Misuse and Use Disorder • Pain Management.
10/29/2026	Updated: Appendix E – Re-Certification Requirements Add new pharmacy recertification requirements for pharmacists and pharmacy technicians so that providers can accurately tag activities that support NABP state compliance and automated CPE credit assignment: Added: *Under Pharmacists* • CA BOP: Advanced Practice Pharmacist • FL BOP: Immunization Administration Certification • FL BOP: Collaborative Practice Certification • FL BOP: Test and Treat Certification *Under Pharmacy Technicians* • FL BOP: Immunization Administration Certification **Updated:** Appendix F – Pharmacy State Regulatory Requirement Content Areas Add new state tags and relabel existing state tags so that providers can accurately classify activities and support NABP's automated assignment of state-specific CPE requirements within CPE Monitor Plus.

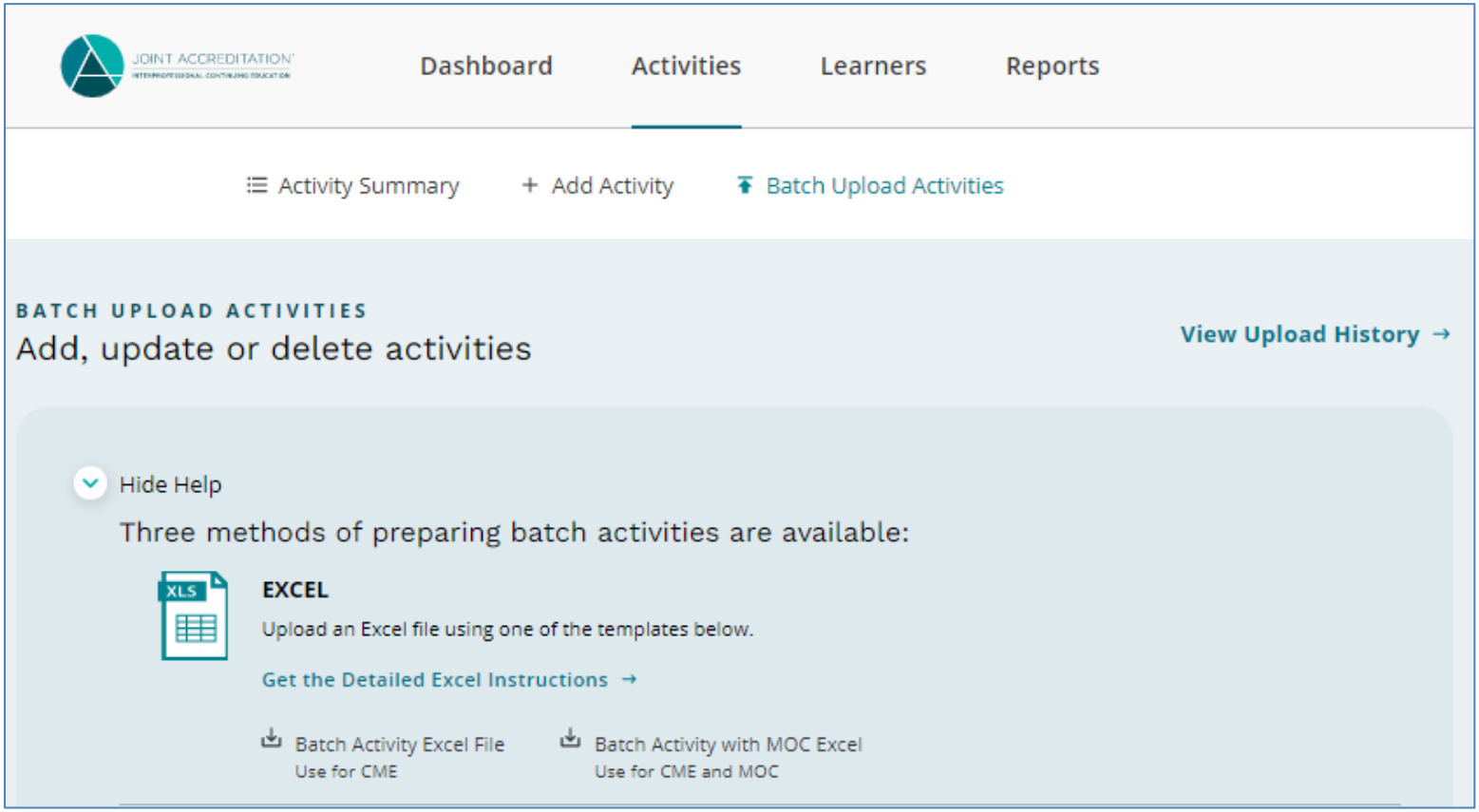
Change Date	Change Description
	1. The following **new** state tags are available for selection in JA-PARS: ○ Health Equity ○ Test and Treat ○ Travel Medicine 2. The following state tags are **relabeled**: ○ Diversity, Equity, Inclusion (including bias) → Implicit Bias ○ Nicotine Replacement → Nicotine Cessation ○ Nursing Home Consulting → Consultant Pharmacy ○ Precepting → Preceptor Training ○ Suicide Prevention → Suicide Prevention and Awareness
07/30/2026	Updated list of certifying boards to include ABPM (American Board of Preventive Medicine). Added new credit type for ABS: Quality Improvement. Clarified valid combinations of credit for ABS. Added MOC Values for ABPM credit types. Added ABPM Practice Areas. Updated screen shot of Batch Upload Activities screen from JA-PARS.
06/25/2026	Add instructions for the question “Is this an IPCE activity?” • Instructions to include “Is this an interprofessional CE (IPCE) activity that brings together learners from **two or more professions** to learn **with, from, and about** each other to enable effective collaboration and improve health outcomes?" Added instructions for how to add re-certification requirements. Values in Appendix E. Added instructions for how to add pharmacy state regulatory rquirement content areas. Values in Appendix F. Added instructions for how to tag an activity that meets state regulatory CME requirements. Values in Appendix G.
03/18/2025	Modified practice areas for 4 MOC boards: ABIM removed two practice areas: 1. Sports Medicine 2. Hospital Medicine ABPath corrected a spelling mistake in practice area: 1. GI (incl. Liver, Pancreas, Biliary)

Change Date	Change Description
	ABPMR added two additional practice areas: 1. All Practice Areas 2. Professionalism/Patient Safety/Other Skills ABS replaced the verbiage of a practice area: 1. Old: Bariatric Surgery New: Metabolic and Bariatric Surgery
11/21/2025	Added ABPMR. Updated Activity Format name: • Old: Journal CME/CE • New: Journal-based CE Added a distinction between the two JA templates: 1. Batch Activity Excel File 2. Batch Activity with MOC Excel
02/03/2025	Updated ABPath practice area spelling of “Biliary”: GI (incl. Liver, Pancreas, Biliary)
01/02/2025	Updated link to the ABA MOCA Content Outline.
01/25/2024	ABPATH: changing the language for the “Part IV” activities from “Improvement in Medical Practice” IMP to “Improvement in Health and Healthcare” IHCC.
11/15/2023	Added information to support registering activities for the American Board of Thoracic Surgery (ABTS).
10/2/2023	Removed “coming soon” from ABOS since they have launched.
07/11/2023	Added information to support registering activities for the American Board of Orthopaedic Surgery (ABOS), including new error code 322 specific to ABOS activity registration. Added information about maximum batch size of 5,000 records.
03/03/2023	Removed references to the American Board of Ophthalmology (ABO) who withdrew from the CME for MOC Collaboration as of 3/1/2023.

Change Date	Change Description
01/31/2023	Updated link to the ABA MOCA Content Outline.
11/30/2022	Added Bariatric Surgery as a practice area for ABS; clarified mapping for outcome measures; updated available pharmacy activity types and pharmacy topic designators; clarified rules for pharmacy activities.
03/23/2022	Added Neurocritical Care as a practice area/specialty for ABA, ABIM and ABS.

How to use this template

1. Download the Excel activity file from the JA-PARS application.



NOTE: There are two separate templates: 1 for CME only, 2 for CME and MOC.



2. The Excel activity file displays heading rows with general instructions followed by sample data rows. After reviewing the sample data, be sure to remove it from your file prior to uploading. **Do not remove the two column headers.** Limit the number of rows of data to 5,000 rows maximum.

3. One row is needed per activity, and all data on the same row must relate to the same activity. You can copy and paste the number of rows needed to enter all your activities in the batch. This will copy the cell validation/valid values into each row.

4. Certain columns can be copied and repeated within the file.

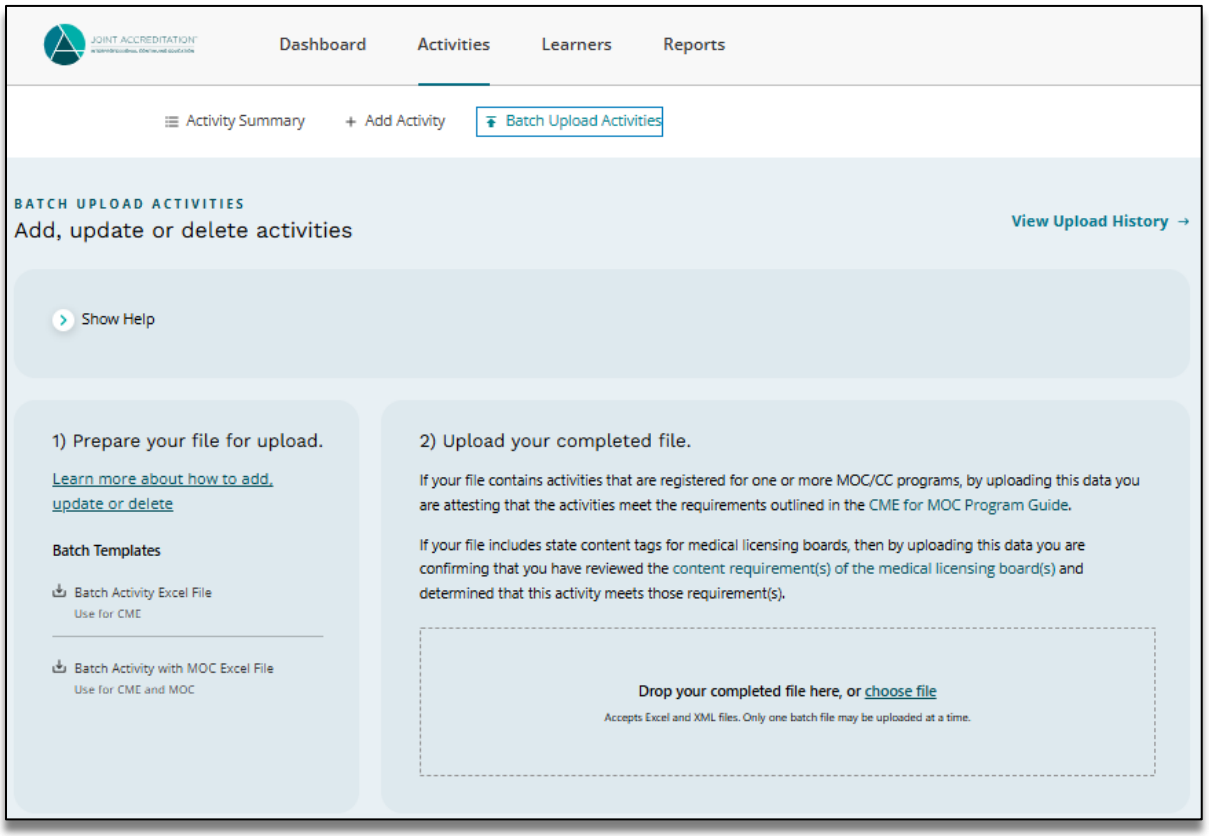
    a. Commercial Support sources if there are multiple sources, and MOC board registration if there are multiple certifying boards.

	Repeat these three columns as a group for each source of commercial support			Repeat these three columns as a group for each source of commercial support		
Commercial Support Received?	**Commercial Support Type**	**Commercial Support Source**	**Amount Received**	**Commercial Support Type**	**Commercial Support Source**	**Amount Received**
Yes	Monetary	Abbott (Any division)	25000	Monetary	Globus Medical, Inc.	10000
No						

    b. MOC board registration if there are multiple certifying boards:

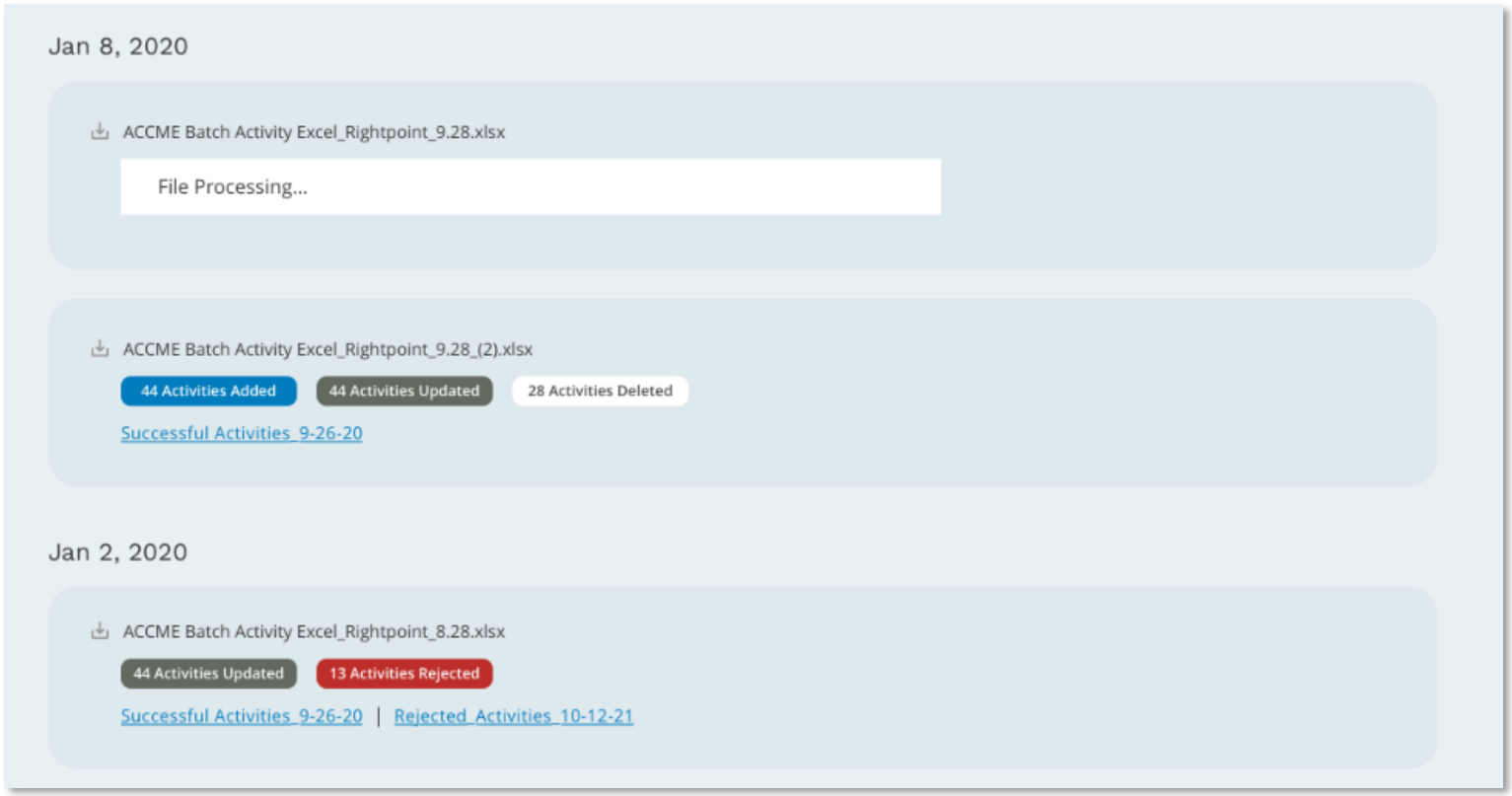
		Repeat these 9 columns for each certifying board for which an activity will be registered. For a list of accepted credit types and practice/specialty areas for each board see the reference sheet in this file. Separate multiple practice or specialty areas with a semi-colon. Content Outline: **Fill out the last 2 columns for ABA only**. If choosing an "Other" tag, free text may be entered. Use the applicable number in the ABA reference sheet. If not registering for ABA please leave blank.								
Register for MOC?	**MOC Credit Deadline Date**	**Certifying Board**	**MOC Credits/Points**	**MOC Credit Type**	**Additional MOC Credit Type**	**Additional MOC Credit Type**	**Additional MOC Credit Type**	**Practice or Specialty Area(s)**	**ABA Content Tag 1**	**ABA Content Tag 2 (optional)**
Yes	3/31/2025	ABPMR	2	Accredited CME	Self-Assessment			Arthritis; Fractures		
No										

5. Log into the Joint Accreditation Program and Activity Reporting System (JA-PARS). Click the Program and Activity Data button, then select the Activities tab and click the “Batch Upload Activities” option.



6. Drag and drop or choose your Excel file to upload into JA-PARS.
7. Once the file has finished uploading, click on View Upload History to see the status of the file’s processing.

8. If there are rejected activity records, download the rejected activities to view and edit any errors within the file directly. The rejection reason is added to the last column in the file. This edited file can then be uploaded again to address any activities that were not added, updated or deleted properly the first time.



Excel File Format Fields

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
A	**Record Action**	Add Update Delete	Yes	Yes	Yes	Adding an activity must have a unique combination of Internal ID **(C)**, Format **(E),** Start Date **(J),** and End Date **(K)** Updating an activity can use either the ACCME ID **(B)** or a combination of the Internal ID **(C), Activity Format (E), Activity Start Date (J), and Activity End Date (K)** to identify an existing record to edit Deleting an activity can use either the ACCME ID **(B)** or a combination of the Internal ID **(C), Activity Format (E), Activity Start Date (J), and Activity End Date (K)** to identify an existing record to remove	Add
B	**ACCME Activity ID**	9 digit assigned Number	No	Yes	Yes	ACCME Activity ID is a unique, automatically generated number from PARS once the activity is initially added. This field should be blank when a new activity record is being added.	201012345
C	**Internal ID**	Text	Yes	Yes	Yes	Cannot be the organization's 7-digit organization ID	RSS20-21
D	**Activity Title**	Text	Yes	Yes	Yes		Administering CPR
E	**Activity Format**	Live Course Enduring Material Regularly Scheduled Series Journal-based CE Performance/Quality Improvement Committee Learning Manuscript Review Test-Item Writing Learning from Teaching Internet Searching and Learning Other/Blended Learning	Yes	Yes	Yes		Live Course
F	**Delivery Method – In-Person**	Yes No	No	Yes if applicable	Yes if applicable	Only complete for **Live Course** or **Regularly Scheduled Series**. Otherwise leave blank	Yes

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Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
G	**Delivery Method – Livestreamed**	Yes No	No	Yes, if applicable	Yes, if applicable	Only complete for **Live Course** or **Regularly Scheduled Series**. Otherwise leave blank	Yes
H	**Delivery Method – Online**	Yes No	No	Yes, if applicable	Yes, if applicable	Only complete for **Enduring Material**. Otherwise leave blank.	No
I	**Delivery Method – Print/Other**	Yes No	No	Yes, if applicable	Yes, if applicable	Only complete for **Enduring Material**. Otherwise leave blank.	No
J	**Activity Start Date**	MM/DD/YYYY	Yes	Yes	Yes		1/1/2022
K	**Activity End Date**	MM/DD/YYYY	Yes	Yes	Yes		12/31/2022
L	**Location – Country**	Valid 3-letter country code. See Appendix A for a list of country codes.	No	Yes, if applicable	Yes, if applicable	Only complete for **Live Course** or **Regularly Scheduled Series** with a delivery method of **In-Person**. Otherwise leave blank.	USA
M	**Location - City**	Text	No	Yes, if applicable	Yes, if applicable	Only complete for **Live Course** or **Regularly Scheduled Series** with a delivery method of **In-Person**. Otherwise leave blank.	Chicago
N	**Location - State**	Valid USPS two-letter U.S. abbreviation. See Appendix B for a list of state/territory codes.	No	Yes, if applicable	Yes, if applicable	Only complete for **Live Course** or **Regularly Scheduled Series** with a delivery method of **In-Person** and a **Country** of USA. Otherwise leave blank.	IL
O	**Location – Zip Code**	Text	No	No	No	Only complete for **Live Course** or **Regularly Scheduled Series** with a delivery method of **In-Person**. Otherwise leave blank.	60601

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Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
Instructions: Select "Yes" if this activity is an interprofessional continuing education (IPCE) activity that brings together learners from **two or more professions** to learn **with**, **from**, **and about** each other to enable effective collaboration and improve health outcomes. **Valid combinations:** • If **"Is this an IPCE Activity?" = Yes**, an **IPCE credit value is optional**. • If **"Is this an IPCE Activity?" = No**, an **IPCE credit value is not applicable**. • If an **IPCE credit value** is >0, **"Is this an IPCE Activity?" = Yes** is required.							
P	**Is this an IPCE Activity?**	Yes No	No	No	Yes	Indicates an interprofessional activity.	Yes
Q	**IPCE credits**	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The maximum number of IPCE Credits designated for the activity.	5.5
R	**Dentistry Credits**	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The maximum number of Dentistry Credits designated for the activity.	5.5
S	**Dietetic CPEUs**	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The maximum number of Dietetic CPEUs designated for the activity.	5.5
T	**Nursing Credits**	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The maximum number of Nursing Credits designated for the activity.	5.5
U	**Optometry Credits**	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The maximum number of Optometry Credits designated for the activity.	5.5
V	**Pharmacy Credits**	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The number of Pharmacy Credits designated for the activity.	5.5
W	***AMA PRA Category 1™* Credits**	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The maximum number of AMA PRA Category 1™ Credits designated for the activity.	5.5
X	***AAPA Category 1™ Credits***	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The maximum number of AAPA Category 1™ Credits designated for the activity.	5.5
Y	**Psychology Credits**	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The maximum number of Psychology Credits designated for the activity.	5.5

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
Z	**Social Work Credits**	Decimal (00.00)	No	Yes, if applicable	Yes, if applicable	The maximum number of Social Work Credits designated for the activity.	5.5
AA	**Athletic Training CEUs**	Decimal (00.00)	No	Yes	Yes	The maximum number of Athletic Training CEUs designated for the activity.	5.5
AB	**Include on CME Finder?**	Yes No	No	Yes, if applicable	Yes, if applicable	Determines whether the activity will appear on CME Passport (formerly CME Finder) for physicians to view/register. Only activities offering *AMA PRA Category 1™ Credits* or IPCE credits are eligible to include on CME Passport.	Yes
AC	**Activity Description**	Text	No	Yes	Yes	2,500 characters maximum	An intensive review of ACLS techniques through simulation exercises.
AD	**Activity URL**	Web Address starting with http:// or https://	No	Yes, if listing on CME Passport or registering for MOC	Yes, if listing on CME Passport or registering for MOC	For display to physicians on CME Passport	https://www.accme.org/register/
AE	**Who Can Register?**	Open to all Limited	No	Yes, if listing on CME Passport or registering for MOC	Yes, if listing on CME Passport or registering for MOC	For display to physicians on CME Passport	Limited
AF	**Fees for Learners?**	Yes No, it's free Variable	No	Yes, if listing on CME Passport or registering for MOC	Yes, if listing on CME Passport or registering for MOC	For display to physicians on CME Passport	No, it's free
AG	**Providership**	Direct Joint	No	Yes	Yes		Joint

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
AH	**Joint Provider Name**	Text	No	Yes, if applicable	Yes, if applicable	If you entered **Joint** in Providership then enter the name(s) of the joint providers in this field. Separate the name of each organization with a semicolon. If you entered **Direct** in Providership then leave this field blank.	County Hospital; CPR Education Group
AI	**Measured Outcomes - Learner Competence**	Yes No	No	No	Yes	At least one outcome must be selected to close an activity (**Learner Competence**, **Learner Performance**, **Patient Health**, or **Community/Population Health**). NOTE: When saved, the valid options will be mapped as follows automatically by the system: Learner Competence => Learner/Team Competence	Yes
AJ	**Learner Competence Measurement - Objective**	Yes No	No	No	No	Measurements are optional at this time	Yes
AK	**Learner Competence Measurement - Subjective**	Yes No	No	No	No	Measurements are optional at this time	No
AL	**Measured Outcomes - Learner Performance**	Yes No	No	No	Yes	At least one outcome must be selected to close an activity (**Learner Competence**, **Learner Performance**, **Patient Health**, or **Community/Population Health**) NOTE: When saved, the valid options will be mapped as follows automatically by the system: Learner Performance => Learner/Team Performance	No

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
AM	**Learner Performance Measurement - Objective**	Yes No	No	No	No	Measurements are optional at this time	No
AM	**Learner Performance Measurement - Subjective**	Yes No	No	No	No	Measurements are optional at this time	No
AO	**Measured Outcomes - Patient Health**	Yes No	No	No	Yes	At least one outcome must be selected to close an activity (**Learner Competence**, **Learner Performance**, **Patient Health**, or **Community/Population Health**)	Yes
AP	**Patient Health Measurement - Objective**	Yes No	No	No	No	Measurements are optional at this time	No
AQ	**Patient Health Measurement - Subjective**	Yes No	No	No	No	Measurements are optional at this time	Yes
AR	**Measured Outcomes - Community/Population Health**	Yes No	No	No	Yes	At least one outcome must be selected to close an activity (**Learner Competence**, **Learner Performance**, **Patient Health**, or **Community/Population Health**)	No
AS	**Community/Population Health Measurement - Objective**	Yes No	No	No	No	Measurements are optional at this time	No
AT	**Community/Population Health Measurement - Subjective**	Yes No	No	No	No	Measurements are optional at this time	No
AU	**Measured Outcomes - Learner Knowledge**	Yes No	No	No	No	Learner Knowledge is optional. This field does not count towards the selected outcome requirement	Yes
AV	**Learner Knowledge Measurement - Objective**	Yes No	No	No	No	Measurements are optional at this time	Yes
AW	**Learner Knowledge Measurement - Subjective**	Yes No	No	No	No	Measurements are optional at this time	Yes

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
AX	**Pharmacy audience – Pharmacists**	Yes No	No	Yes, if activity offers pharmacy credit	Yes, if activity offers pharmacy credit	Activities offering pharmacy credit must have a target audience of Pharmacists or Pharmacy Technicians	
AY	**Pharmacy audience – Pharmacy Technicians**	Yes No	No	Yes, if activity offers pharmacy credit	Yes, if activity offers pharmacy credit	Activities offering pharmacy credit must have a target audience of Pharmacists or Pharmacy Technicians	
AZ	**Pharmacy sequence number**		No	No	No	If blank when adding a new activity, JA-PARS will assign the next available sequence number. If updating, the sequence number for the existing activity must be included.	
BA	**Pharmacy activity type**	Valid Entries: Knowledge Application Certificate Program	No	Yes, if activity offers pharmacy credit	Yes, if activity offers pharmacy credit	Required for activities offering pharmacy credit.	Knowledge
BB	**Pharmacy Topic Designator**	Valid Entries: 01-Disease State Management/Drug Therapy 02-AIDS Therapy 03-Law Related to Pharmacy Practice 04-Pharmacy Administration 05-Patient Safety 06-Immunizations 07-Compounding 08-Pain Management 99-Additional Topic Areas	No	Yes, if activity offers pharmacy credit	Yes, if activity offers pharmacy credit	Required for activities offering pharmacy credit.	04- Pharmacy Administration
BC	**Pharmacy Live Date**	Date in the format MM/DD/YYYY	No	Yes, if activity offers pharmacy credit	Yes, if activity offers pharmacy credit	Required for activities offering pharmacy credit when the activity format is Live Course or Regularly Scheduled Series. Separate multiple live dates with a semi-colon (;)	01/23/2022

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
BD	**Is Pharmacy Certificate Program?**	Yes No	No	No	Yes		No
Repeat the next three fields as a group for pharmacy re-certification requirements (if applicable).							
BE	**Designed to meet specific re-certification requirement(s)?**	Yes No	No	No	No	Select "Yes" if the activity meets specific re-certification requirements. Use the predefined options provided for next two fields, do not enter custom values.	Yes
BF	**Pharmacy Certificate Audience**	Pharmacists Pharmacists Prescriptive Authority Pharmacy Technicians	No	No	No	Required for activities designed to meet specific re-certification requirments.	Pharmacists
BG	**Pharmacy Requirement**	Refer to Appendix E for valid values. Select values based on the response to "Pharmacy Certificate Audience."	No	No	No	Separate multiple pharmacy requirements with a semicolon(;)	BPS: Critical Care Pharmacy
The next three fields must be entered as a group if the activity is designed to meet state specific pharmacy regulatory requirement(s).							
BH	**Designed to meet specific state pharmacy regulatory requirement(s)?**	Yes No	No	No	No	Select "Yes" if the activity is designed to meet specific state pharmacy regulatory requirement(s). Use the predefined options provided for next two fields, do not enter custom values.	Yes
BI	**State(s)**	Refer to Appendix B for valid values.	No	No	No	Separate multiple states with a semicolon(;)	AL
BJ	**Content Area(s)**	Refer to Appendix F for valid values.	No	No	No	Separate multiple content areas with a semicolon(;)	Collaborative Practice
The next three fields must be entered as a group if the activity needs to be tagged as having content relating to a specific state licensing CME requirement.							

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
BK	**Do you want to tag your activity as having content relating to a specific state licensing CME requirement?**	Yes No	No	No	No	Select "Yes" if the activity needs to be tagged as having content relating to a specific state licensing CME requirement. Use the predefined options provided for next two fields, do not enter custom values.	Yes
BL	**Content Area**	Please refer to Appendix G for valid values.	No	No	No	When tagging an activity, the Content Area field is required. For multiple topics, repeat the Content Area + Topic(s) as a group for each content tag, and separate each group with a semicolon (;).	Opioids
BM	**Topic(s)**	Will only be required if the Content Area has specific topic(s). Currently this only applies to **Opioids**. Appendix G for valid values.	No	No	No	Pick from dropdown list.	Pain Management
BN	**Register for MIPS**	Yes No	No	No	No	If left blank this value will default to No	No
BO	**Commercial Support Received?**	Yes No	No	No	Yes		Yes
The following three columns can be repeated to indicate multiple commercial support sources							
BP	**Commercial Support Type**	Monetary In-kind	No	No	Yes, if the activity received commercial support	If you entered **Yes** in Commercial Support Received, then the source should be reported If you entered **No** in Commercial Support Received, leave this field blank.	Monetary
BQ	**Commercial Support Source**	Commercial support sources can be found in Appendix C	No	No	Yes, if the activity received commercial support	If you entered **Yes** in Commercial Support Received? (column AN), then the source should be reported If you entered **No** in Commercial Support Received? (column AN), leave this field blank.	Abbott (Any Division)

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
BR	**Amount Received**	US dollar amount (00.00)	No	No	Yes, if the support type is monetary	If you entered **Yes** in Commercial Support Received and **Yes** in Commercial Support Type - Monetary If you entered **No** in Commercial Support Received? (column AN), please leave this field blank.	1000.00
The following 11 columns only exist in the template for CME and MOC.							
BS	**Register for MOC?**	Yes No [blank]	No	No	No	If **Yes**, all additional MOC fields must be completed in order to fully register the activity for MOC	Yes
BT	**MOC Credit Deadline Date**	MM/DD/YYYY	No	No	Yes, if registered for MOC	Must be on or after the listed **Activity End Date**	12/31/2022
The following 9 columns can be repeated to register the activity for multiple certifying boards							
BU	**Certifying Board**	ABA ABIM ABOHNS ABOS ABPATH ABP ABPM ABPMR ABS ABTS	No	Yes if registered for MOC	Yes if registered for MOC	If registering for more than one board, columns AU through BA can be repeated for additional board registration	ABIM
BV	**MOC Credit/Points**	Decimal (00.00)	No	Yes if registered for MOC	Yes if registered for MOC	Must be in increments of 0.25. Must be equal to, or in some cases less than the AMA credit amount.	12.75
BW	**MOC Credit Types**	See Appendix D for values	No	Yes, if registered for MOC	Yes, if registered for MOC	Certifying boards have between 1 and 4 credit types. If you are only registering an activity for one credit type, the remaining fields may be left blank	Medical Knowledge
BX	**Additional MOC Credit Type**	See Appendix D for values	No	Yes, if registered for MOC	Yes, if registered for MOC		Patient Safety

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
BY	**Additional MOC Credit Type**	See Appendix D for values	No	Yes, if registered for MOC	Yes, if registered for MOC		[Blank]
BZ	**Additional MOC Credit Type**	See Appendix D for values	No	Yes, if registered for MOC	Yes, if registered for MOC		[Blank]
CA	**Practice or Specialty Area(s)**	See Appendix D for values	No	Yes, if registered for MOC	Yes, if registered for MOC	Separate multiple practice or specialty areas with a semi-colon.	Hospital Medicine; Hematology
CB	**ABA Content Tag 1**	Number. See ABA Content outline for values	No	Yes, ABA only	Yes, ABA only	Use the level 3 or 4 number when tagging ABA content outlines. Leave blank for any other boards. If choosing an "Other" tag, free text may be entered following the tag number with a semi-colon	5556
CC	**ABA Content Tag 2 (optional)**	Number. See ABA Content outline for values	No	No	No		211; Geriatric Care
CD	**Total Learners – Dentists**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Dentists that participated in the activity.	10
CE	**Total Learners – Allied Dental Staff**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Allied Dental Staff that participated in the activity.	10
CF	**Total Learners – Dieticians**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Dieticians that participated in the activity.	10
CG	**Total Learners – Dietetic Technicians**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Dietetic Technicians that participated in the activity.	10

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
CH	**Total Learners – Nurses**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Nurses that participated in the activity.	10
CI	**Total Learners – Optometrists**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Optometrists that participated in the activity.	10
CJ	**Total Learners - Pharmacists**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Pharmacists that participated in the activity. NOTE: this information no longer automatically populates based on what is entered in CPE Monitor.	10
CK	**Total Learners – Pharmacy Technicians**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Pharmacy Technicians that participated in the activity. NOTE: this information no longer automatically populates based on what is entered in CPE Monitor.	10
CL	**Total Learners – Physicians**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Physicians that participated in the activity.	10
CM	**Total Learners – Physician Assistant**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Physician Assistants that participated in the activity.	10

Col.	Field Name	Valid Values/ Format	Data is Required in Field:			Comments	Example Data
			To Save Activity as Draft	To Save Activity as Active	To Close Activity		
CN	**Total Learners - Psychologists**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Psychologists that participated in the activity.	10
CO	**Total Learners – Social Workers**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Social Workers that participated in the activity.	10
CP	**Total Learners – Athletic Trainers**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of Athletic Trainers that participated in the activity.	10
CQ	**Total Learners – Other Learners**	Number	No	No	Yes	Can only add learner totals to activities that have a start date in the past The number of learners not counted in any of the other available learner categories.	10
CR	**Close Activity?**	Yes No	No	No	Yes	An activity can only be closed once all required data fields are completed and the end date for the activity is in the past	No

Appendix A – List of Country Codes

Country	Code	Country	Code	Country	Code	Country	Code
Afghanistan	AFG	Dominican Republic	DOM	Liberia	LBR	Saint Lucia	LCA
Aland Islands	ALA	Ecuador	ECU	Libyan Arab Jamahiriya	LBY	Saint Pierre and Miquelon	SPM
Albania	ALB	Egypt	EGY	Liechtenstein	LIE	Saint Vincent and the Grenadines	VCT
Algeria	DZA	El Salvador	SLV	Lithuania	LTU	Saint-Barthélemy	BLM
Andorra	AND	Equatorial Guinea	GNQ	Luxembourg	LUX	Saint-Martin (French part)	MAF
Angola	AGO	Eritrea	ERI	Macao Special Administrative Region of China	MAC	Samoa	WSM
Anguilla	AIA	Estonia	EST	Madagascar	MDG	San Marino	SMR
Antigua and Barbuda	ATG	Ethiopia	ETH	Malawi	MWI	Sao Tome and Principe	STP
Argentina	ARG	Faeroe Islands	FRO	Malaysia	MYS	Saudi Arabia	SAU
Armenia	ARM	Falkland Islands (Malvinas)	FLK	Maldives	MDV	Senegal	SEN
Aruba	ABW	Fiji	FJI	Mali	MLI	Serbia	SRB
Australia	AUS	Finland	FIN	Malta	MLT	Seychelles	SYC
Austria	AUT	France	FRA	Martinique	MTQ	Sierra Leone	SLE
Azerbaijan	AZE	French Guiana	GUF	Mauritania	MRT	Singapore	SGP
Bahamas	BHS	French Polynesia	PYF	Mauritius	MUS	Slovakia	SVK
Bahrain	BHR	Gabon	GAB	Mayotte	MYT	Slovenia	SVN
Bangladesh	BGD	Gambia	GMB	Mexico	MEX	Solomon Islands	SLB
Barbados	BRB	Georgia	GEO	Monaco	MCO	Somalia	SOM
Belarus	BLR	Germany	DEU	Mongolia	MNG	South Africa	ZAF
Belgium	BEL	Ghana	GHA	Montenegro	MNE	Spain	ESP
Belize	BLZ	Gibraltar	GIB	Montserrat	MSR	Sri Lanka	LKA
Benin	BEN	Greece	GRC	Morocco	MAR	Sudan	SDN
Bermuda	BMU	Greenland	GRL	Mozambique	MOZ	Suriname	SUR
Bhutan	BTN	Grenada	GRD	Myanmar	MMR	Svalbard and Jan Mayen Islands	SJM
Bolivia (Plurinational State of)	BOL	Guadeloupe	GLP	Namibia	NAM	Swaziland	SWZ
Bosnia and Herzegovina	BIH	Guatemala	GTM	Nauru	NRU	Sweden	SWE
Botswana	BWA	Guernsey	GGY	Nepal	NPL	Switzerland	CHE
Brazil	BRA	Guinea	GIN	Netherlands	NLD	Syrian Arab Republic	SYR
British Virgin Islands	VGB	Guinea-Bissau	GNB	Netherlands Antilles	ANT	Tajikistan	TJK
Brunei Darussalam	BRN	Guyana	GUY	New Caledonia	NCL	Thailand	THA
Bulgaria	BGR	Haiti	HTI	New Zealand	NZL	The former Yugoslav Republic of Macedonia	MKD
Burkina Faso	BFA	Holy See	VAT	Nicaragua	NIC	Timor-Leste	TLS
Burundi	BDI	Honduras	HND	Niger	NER	Togo	TGO
Cambodia	KHM	Hong Kong Special Administrative Region of China	HKG	Nigeria	NGA	Tokelau	TKL
Cameroon	CMR	Hungary	HUN	Niue	NIU	Tonga	TON
Canada	CAN	Iceland	ISL	Norfolk Island	NFK	Trinidad and Tobago	TTO
Cape Verde	CPV	India	IND	Norway	NOR	Tunisia	TUN
Cayman Islands	CYM	Indonesia	IDN	Occupied Palestinian Territory	PSE	Turkey	TUR
Central African Republic	CAF	Iran (Islamic Republic of)	IRN	Oman	OMN	Turkmenistan	TKM

Country	Code	Country	Code	Country	Code	Country	Code
Chad	TCD	Iraq	IRQ	Pakistan	PAK	Turks and Caicos Islands	TCA
Chile	CHL	Ireland	IRL	Panama	PAN	Tuvalu	TUV
China	CHN	Isle of Man	IMN	Papua New Guinea	PNG	Uganda	UGA
Colombia	COL	Israel	ISR	Paraguay	PRY	Ukraine	UKR
Comoros	COM	Italy	ITA	Peru	PER	United Arab Emirates	ARE
Congo	COG	Jamaica	JAM	Philippines	PHL	United Kingdom of Great Britain and Northern Ireland	GBR
Cook Islands	COK	Japan	JPN	Pitcairn	PCN	United Republic of Tanzania	TZA
Costa Rica	CRI	Jersey	JEY	Poland	POL	United States of America	USA
Cote d'Ivoire	CIV	Jordan	JOR	Portugal	PRT	Uruguay	URY
Croatia	HRV	Kazakhstan	KAZ	Qatar	QAT	Uzbekistan	UZB
Cuba	CUB	Kenya	KEN	Republic of Korea	KOR	Vanuatu	VUT
Cyprus	CYP	Kiribati	KIR	Republic of Moldova	MDA	Venezuela (Bolivarian Republic of)	VEN
Czech Republic	CZE	Kuwait	KWT	Réunion	REU	Viet Nam	VNM
Democratic People's Republic of Korea	PRK	Kyrgyzstan	KGZ	Romania	ROU	Wallis and Futuna Islands	WLF
Democratic Republic of the Congo	COD	Lao People's Democratic Republic	LAO	Russian Federation	RUS	Western Sahara	ESH
Denmark	DNK	Latvia	LVA	Rwanda	RWA	Yemen	YEM
Djibouti	DJI	Lebanon	LBN	Saint Helena	SHN	Zambia	ZMB
Dominica	DMA	Lesotho	LSO	Saint Kitts and Nevis	KNA	Zimbabwe	ZWE

Appendix B – U.S. States / Territories / Regions

State/Territory	Code	State/Territory	Code	State/Territory	Code	State/Territory	Code
Alabama	AL	Idaho	ID	Montana	MT	Puerto Rico	PR
Alaska	AK	Illinois	IL	Nebraska	NE	Rhode Island	RI
American Samoa	AS	Indiana	IN	Nevada	NV	South Carolina	SC
Arizona	AZ	Iowa	IA	New Hampshire	NH	South Dakota	SD
Arkansas	AR	Kansas	KS	New Jersey	NJ	Tennessee	TN
California	CA	Kentucky	KY	New Mexico	NM	Texas	TX
Colorado	CO	Louisiana	LA	New York	NY	U.S. Virgin Islands	VI
Connecticut	CT	Maine	ME	North Carolina	NC	Utah	UT
Delaware	DE	Marshall Islands	MH	North Dakota	ND	Vermont	VT
District of Columbia	DC	Maryland	MD	Northern Mariana Islands	MP	Virginia	VA
Federated States of Micronesia	FM	Massachusetts	MA	Ohio	OH	Washington	WA
Florida	FL	Michigan	MI	Oklahoma	OK	West Virginia	WV
Georgia	GA	Minnesota	MN	Oregon	OR	Wisconsin	WI
Guam	GU	Mississippi	MS	Palau	PW	Wyoming	WY
Hawaii	HI	Missouri	MO	Pennsylvania	PA		

Appendix C – Commercial Support Sources

Commercial Support Source	Commercial Support Source	Commercial Support Source	Commercial Support Source
Abbott (Any division)	ConMed	Jazz Pharmaceuticals, Inc.	Roche (Any division)
AbbVie (Any division)	Cook Medical, Inc.	Johnson & Johnson	Salix Pharmaceuticals, Inc.
AbioMed	CooperSurgical, Inc.	Karl Storz Endoscopy	Sanofi S.A.
Actelion Pharmaceuticals	CSL Behring, LLC	Kowa Pharmaceuticals	Seattle Genetics
Alcon (Any division)	Daiichi Sankyo, Inc.	Lilly (Any division)	Shire Pharmaceuticals
Allergan (Any division)	DePuy (Any division)	Lundbeck, Inc.	Siemans (Any division)
Amarin Pharmaceuticals, Inc.	Edwards Lifesciences Corporation	Mallinckrodt Pharmaceuticals	Smith & Nephew (Any division)
Amgen, Inc.	Eisai, Inc.	Mead Johnson Nutrition Company	SonoSite
Arthrex	Ethicon (Any division)	Medtronic (Any division)	St. Jude Medical, Inc.
Astellas (Any division)	Exelixis	Merck (Any division)	Stryker (Any division)
AstraZeneca (Any division)	Fujifilm (Any division)	Merz (Any division)	Sunovion Pharmaceuticals, Inc.
Bard Peripheral Vascular, Inc.	Galderma (Any division)	Millennium Pharmaceuticals, Inc.	Taiho Pharmaceutical
Bausch & Lomb (Any division)	GE Healthcare	Mindray	Takeda Pharmaceuticals (Any division)
Baxter International, Inc.	Genentech (Any division)	Myriad (Any division)	Teleflex Medical
Bayer (Any division)	Genomic Health, Inc.	Novartis Corporation Pharmaceuticals	Terumo (Any division)
Biogen	Genzyme Corporation	Novo Nordisk (Any division)	Tesaro
Biosense Webster, Inc.	Gilead Sciences, Inc.	Novocure	Teva Pharmaceutical Industries
BIOTRONIK, Inc.	Globus Medical, Inc.	NuVasive	UCB
Boehringer Ingelheim Pharmaceuticals, Inc.	Grifols	Olympus Corporation	United Therapeutics
Boston Scientific Corporation	Hitachi (Any division)	Otsuka America Pharmaceutical, Inc.	Valeant Pharmaceuticals (Any division)
Bristol-Myers Squibb Company	Hologic, Inc.	Pfizer (Any division)	Vertex Pharmaceuticals
BTG International, Inc.	Incyte Corporation	Philips (Any division)	ViiV Healthcare
Celgene Corporation	Integra LifeSciences Corporation	Prometheus Laboratories, Inc.	W. L. Gore & Associates, Inc.
Chiesi	Ipsen	Regeneron Pharmaceuticals, Inc.	Zimmer (Any division)
Clovis Oncology	Janssen (Any division)	REMS Program Companies (RPC)	Zoll (Any division)

Appendix D – MOC Values

Board	Board Value	Credit Amount Values	Valid Credit Type Values
American Board of Anesthesiology	ABA	Equal to AMA credit	Lifelong Learning
			Patient Safety
American Board of Internal Medicine	ABIM	Equal to or less than AMA credit	Medical Knowledge
			Practice Assessment
			Patient Safety
American Board of Otolaryngology – Head and Neck Surgery	ABOHNS	Equal to or less than AMA credit	Self-Assessment
			Improvement in Medical Practice
			Patient Safety
American Board of Orthopaedic Surgery	ABOS	Equal to or less than AMA credit	Accredited CME
			Self-Assessment Examination
American Board of Pathology	ABPath	Equal to AMA credit	Lifelong Learning
			Improvement in Health and Healthcare
American Board of Pediatrics	ABP	Equal to or less than AMA credit	Lifelong Learning and Self-Assessment
American Board of Preventive Medicine	ABPM	Equal to AMA credit	Accredited CME
		Equal to or less than AMA credit	Self-Assessment
			Improving Health & Health Care
			Patient Safety
American Board of Physical Medicine and Rehabilitation	ABPMR	Equal to AMA credit	Accredited CME
		Equal to or less than AMA credit	Self-Assessment
			Improving Health and Health Care
			Patient Safety
American Board of Surgery (see below for valid combinations)	ABS	Equal to AMA credit	Accredited CME
			Self-Assessment
			Quality Improvement
American Board of Thoracic Surgery	ABTS	Equal to AMA credit	Accredited CME
		Equal to or less than AMA credit	Self-Assessment
			Performance in Practice
			Patient Safety

ABS supports the following credit type combinations within a single activity, provided the activity meets the requirements for registering a CME activity for MOC credit:

- Accredited CME
- Accredited CME + Self-Assessment (Self-Assessment cannot be reported independently)
- Quality Improvement, with or without Accredited CME
- Accredited CME + Self-Assessment + Quality Improvement

ABA Practice Area Valid Values				
Ambulatory/Outpatient	General Operative Anesthesia	Neurocritical Care	Pediatric Anesthesia	Thoracic Anesthesia
Cardiac Anesthesia	Hospice and Palliative Medicine	Obstetric Anesthesia	Regional Anesthesia/Acute Pain	Trauma
Critical Care Medicine	Neuro Anesthesia	Pain Medicine	Sleep Medicine	

Activity Excel File Upload Instructions

For Joint Accreditation Reporting 2021 and Beyond

ABIM Practice Areas Valid Values				
Adolescent Medicine	Critical Care Medicine	Hospice and Palliative Medicine	Nephrology	Transplant Hepatology
Adult Congenital Heart Disease	Endocrinology, Diabetes, and Metabolism	Infectious Disease	Neurocritical Care	
Advanced Heart Failure and Transplant Cardiology	Gastroenterology	Internal Medicine	Pulmonary Disease	
Cardiovascular Disease	Geriatric Medicine	Interventional Cardiology	Rheumatology	
Clinical Cardiac Electrophysiology	Hematology	Medical Oncology	Sleep Medicine	

ABOHNS Practice Areas Valid Values				
Allergy	Head & Neck	Otology	Pediatric Otolaryngology	Sleep Medicine
Facial Plastic & Reconstructive Surgery	Laryngology	Neurotology	Rhinology	General Otolaryngology

ABOS Practice Areas Valid Values				
Adult Reconstruction	General Orthopaedics	Orthopaedic Sports Medicine	Pediatric Orthopaedic Surgery	Surgery of the Hand
Foot and Ankle	Musculoskeletal Oncology	Orthopaedic Trauma	Shoulder and Elbow	Surgery of the Spine

ABP Practice Areas Valid Values				
Adolescent Medicine	Hospital Medicine	Pediatric Critical Care Medicine	Pediatric Infectious Diseases	Pediatric Transplant Hepatology
Child Abuse Pediatrics	Medical Toxicology	Pediatric Emergency Medicine	Pediatric Nephrology	Sleep Medicine
Developmental-Behavioral Pediatrics	Neonatal-Perinatal Medicine	Pediatric Endocrinology	Pediatric Neurology	Sports Medicine
General Pediatrics	Neurodevelopmental Disabilities	Pediatric Gastroenterology	Pediatric Pulmonology	Professionalism/Patient Safety/Other Skills
Hospice & Palliative Medicine	Pediatric Cardiology	Pediatric Hematology-Oncology	Pediatric Rheumatology	

ABPATH Practice Areas Valid Values				
All Practice Areas (e.g. ethics)	Cytopathology	Hematology (Blood, BM)	Neuropathology (incl. Neuromuscular)	Surgical Pathology
Blood Bank/Transfusion Medicine	Dermatopathology	Hematopathology (LN, Spleen)	Patient Safety	Transplant Pathology
Breast	Endocrine	Hemostasis & Thrombosis/Coagulation	Pediatric Pathology	Urinary Tract
Cardiovascular	Female Reproductive	Lab Management	Placenta	
Chemical Pathology	Forensic Pathology	Male Genital	Pulmonary, Mediastinum	
Clinical Informatics	GI (incl. Liver, Pancreas, Biliary)	Medical Director	Renal/Medical Renal	
Clinical Pathology	Head & Neck/ Oral	Molecular Genetic Pathology	Soft Tissue & Bone	

ABPM Practice Areas Valid Values				
All/General	Clinical Informatics	Health Care Administration, Leadership, & Management	Medical Toxicology	Public Health & General Preventive Medicine
Addiction Medicine	Disaster Medicine	Lifestyle Medicine	Occupational & Environmental Medicine	Undersea and Hyperbaric Medicine
Aerospace Medicine				

ABPMR Practice Areas Valid Values				
All Practice Areas	Arthritis	Acute/Chronic Trauma	Fractures	Musculoskeletal & Pain Medicine
Central Nervous System Rehabilitation	Brain Injury	Spinal Cord Injury	Stroke	Neuromuscular Medicine/Electrodiagnosis
Spinal Disorders	Sports Medicine	Pediatric Rehabilitation Medicine	Medical Rehabilitation	Cancer
Electrodiagnostic Studies	Neuropathies	Cardiopulmonary	Amputation/Wounds	Motor Neuron Disease
Polytrauma	Geriatric Disorders	Transplant	Myopathies	Professionalism/Patient Safety/Other Skills

ABS Practice Areas Valid Values				
Metabolic and Bariatric Surgery	Complex General Surgical Oncology	Hospice & Palliative Medicine	Neurocritical Care	Vascular Surgery
General Surgery	Hand Surgery	Pediatric Surgery	Surgical Critical Care	

ABTS Practice Areas Valid Values				
Adult Cardiac	Cardiothoracic	Critical Care	Non-Thoracic Surgery	
General Thoracic	Congenital Cardiac	Cardiovascular		

Appendix E – Re-Certification Requirements

Pharmacists re-certification requirements:	Pharmacists Prescriptive Authority re-certification requirements:
BPS: Ambulatory Care Pharmacy	NM BOP: Immunization
BPS: Cardiology Pharmacy	NM BOP: Tobacco Cessation
BPS: Compounded Sterile Preparations Pharmacy	NM BOP: Emergency Contraception
BPS: Critical Care Pharmacy	NM BOP: Hormonal Contraception
BPS: Emergency Medicine Pharmacy	NM BOP: Naloxone
BPS: Geriatric Pharmacy	NM BOP: HIV Post-Exposure Prophylaxis (PEP)

Pharmacists re-certification requirements:	Pharmacists Prescriptive Authority re-certification requirements:
BPS: Infectious Diseases Pharmacy	NM BOP: Immunization
BPS: Nuclear Pharmacy	NM BOP: Tobacco Cessation
BPS: Nutrition Support Pharmacy	NM BOP: Emergency Contraception
BPS: Oncology Pharmacy	NM BOP: Hormonal Contraception
BPS: Pediatric Pharmacy	NM BOP: Naloxone
BPS: Pharmacotherapy	NM BOP: HIV Post-Exposure Prophylaxis (PEP)
BPS: Psychiatric Pharmacy	**Pharmacy Technicians re-certification requirements:**
CA BOP: Advanced Practice Pharmacist	FL BOP: Immunization Administration Certification
FL BOP: Immunization Administration Certification	NM BOP: Immunizations
FL BOP: Collaborative Practice Certification	PTCB: Certified Pharmacy Technician (CPhT)
FL BOP: Test and Treat Certification	PTCB: Certified Compounded Sterile Preparation Technician (CSPT)
	PTCB: Advanced Certified Pharmacy Technician (CPhT-Adv)

Appendix F – Pharmacy State Regulatory Requirement Content Areas

Pharmacy State Regulatory Requirement Content Areas:
Child Abuse Prevention or Reporting
Collaborative Practice
Consultant Pharmacy
Contraception
Cultural Competency
Health Equity
Human Trafficking
Implicit Bias
Lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ)
Mental Health Awareness
Nicotine Cessation
Non-Sterile Compounding
Pharmacist Prescriptive Authority
Preceptor Training
Sexual Harassment
Sterile Compounding

Pharmacy State Regulatory Requirement Content Areas:
Suicide Prevention and Awareness
Test and Treat
Travel Medicine

Appendix G – Content Domains (aka State Content Tags)

Content Domains (aka State Content Tags):

Tag	States
Opioids	**See Specific Content Areas for Opioids**
Dementia & Alzheimer's	CA-MD, CA-DO, DE, IL, OR
Geriatric Health Services	CA-MD, CA-DO
Terminal Care	IA, MA, NJ, VT-MD
Child Abuse	IA, KY, NY, OH, PA-MD, PA-DO
Domestic Violence	CT, FL-MD, FL-DO, KY, MD
Misconduct & Harassment	CT, GA, IL
Risk Management	CT, FL-MD, FL-DO, MA, PA-MD, PA-DO, TX
Infectious Disease Medicine	CT, NY
Culturally Competent Care	CT, IL, NJ, NV-MD, NV-DO, OR
LGBTQ Cultural Competency	DC
Implicit Bias	IL, MA, MD, MI-MD, MI-DO, VA
Prevention of Medical Errors	FL-MD, FL-DO

Tag	States
Professional & Medical Ethics	FL-DO, MI-MD, MI-DO, NV-MD, NV-DO, PR, TX
HIV/AIDS Stigma	DC, FL-MD, FL-DO, NV-MD, NV-DO
Suicide Prevention	NV-MD, NV-DO, OR, UT, WA-DO, WA-MD
Dependent Adult Abuse	IA
Organ & Tissue Donation	PA-MD, PA-DO
Nutrition	MO, NM
Sexual Assault	CT, Guam
Behavioral Health	CT
Pharmacology	DC
Human Trafficking Prevention	MI-MD, MI-DO, SC, TX
Electronic Health Records	MA
Diabetes	PR
Dengue, Chikungunya, Zika	PR
Vaccination	PR
Obesity Management	PR
Cardiovascular Diseases	PR

Tag	States
Antibiotics	PR
DC Public Health Priorities	DC

CME State Specific Content Areas:

Topic: Opioids	States
General Controlled Substance Prescribing/Dispensing- Practices	AL, CO, CT, DE, FL, GA, IL, IN, IA, LA, ME, MD, MI-MD, MI-DO, MS, NE, NV, NJ, NM, NC, OK, PA, SC, TN, TX, UT, VT, VA, WA, WV, WI
Identifying and Managing Controlled Substance Misuse and Use Disorder	AL, AK, AZ, CA, CO, GA, IN, IA, KY, LA, MI-MD, MI-DO, NY, NH, NJ, NM, NY, NC, OK, PA,VA, WV, WV
Pain Management	AL, AK, CA, CT, DE, GA, IA, KY, LA, MA, MI-MD, MI-DO, NV, NH, NJ, NM, NY, NC, OK, OR, PA, TX
Controlled Substances (Opioids/Benzodiazepines/Barbiturates)	AR, CO, DC, MA, MI-MD, MI-DO, NJ, NM, TN
Palliative Care and End of Life Care	CA, IA, MA, NJ, NM, VT
PDMP	CA, IA, MA, NJ, NY

Appendix H – Error Codes

Code	Error Message
101	Activity record action was not specified.
102	Activity record action invalid.
103	Add action has duplicate of existing activity ID.
104	Record not found. Update action has unknown activity ID.
105	Record not found. Delete action has unknown activity ID.
106	Activity could not be deleted. Participant records exist for this activity.
107	Activity record is a duplicate for an activity submitted to Board through non-ACCME methods and cannot be reported through PARS.
200	Missing number of AMA credits
202	Missing ACCME Activity ID.
203	Missing Activity title.
204	No specialties included in record.
205	Missing Activity start date.
206	Missing MOC points.
207	Missing Variable MOC points.
208	Missing Patient safety approval status.
209	Missing reporting start date.
210	Missing reporting end date.
211	Missing activity format.
212	Missing providership.
213	Missing provider name.
214	Missing joint provider name.
215	Missing activity end date.
216	Missing Provider Activity ID.
217	Missing content outline elements
218	Missing Medical Knowledge approval status
219	Missing Practice Assessment approval status
220	Missing activity URL
302	ACCME Activity ID not valid.
303	Activity title not valid.
304	Specialty not valid.
305	Activity start date not valid.
306	MOC points not valid.
307	Variable MOC points not valid.
308	Patient safety approval status not valid.
309	Reporting start date not valid.
310	Reporting end date not valid.
311	Activity format not valid.
312	Providership not valid.
313	Provider name not valid.
314	Joint provider name not valid.
315	Activity start date format is invalid. Expected yyyy-mm-ddT:00:00:00
316	Activity end date format is invalid. Expected yyyy-mm-ddT:00:00:00
317	Medical Knowledge approval status not valid.

Code	Error Message
318	Practice Assessment approval status not valid.
319	MOC points not in increment of 0.25
320	Activity specialty/licensing board registration cannot be removed. Learner completion records exist for {Board acronym} and must be deleted before the activity registration can be removed.
322	Activity is not pre-approved by ABOS to offer self-assessment examination credit.
456	MEMS Element: entry: [XML Identifier], - Invalid data value/format for [Element Name]: [Data Value]
457	MEMS Element: entry:[XML Identifier], Element name: [Element Name] - Missing required field: [Field Name]
458	MEMS Element: entry: [XML Identifier], Element name: ActivityDescription/lom:lom/lom:general/lom:identifier/lom:catalog/lom:entry - ACCME ActivityID is invalid/does not exist
459	MEMS Element: entry:[XML Identifier], Element name: mem:ActivityDescription/lom:lom/hx:healthcareMetadata/hx:healthcareEducation/hx:activityFormat - Invalid data value for Activity Type: [Activity Type]
460	MEMS Element: entry: [XML Identifier], Element name: mem:ActivityDescription/lom:lom/hx:healthcareMetadata/hx:healthcareEducation/hx:activityFormat - At least one subcategory is required for a Course or Internet Live Course
461	MEMS Element: entry: [XML Identifier], Element name: [Element Name] - Invalid value for Reporting Year: [Data Value]. You cannot add or update activities for [Data Value] because the data for this year has already been attested as complete.
462	MEMS Element: entry: [XML Identifier], Element name: [Element Name] - Invalid value for Reporting Year: [Data Value].
463	MEMS Element: identifier: entry:[XML Identifier], Element name: [Element Name] - Invalid element.
464	MEMS Element: Update Reporting Year from [Existing Reporting Year] to [New Reporting Year] not permitted.
465	MEMS Element: entry: [XML Identifier], Element name: [Element Name]: This activity record is assigned to a reporting year that is not currently available for entry of records.
466	MEMS Element: entry: [XML Identifier], - Failed to add the activity
467	MEMS Element: entry: [XML Identifier], - Failed to update the activity
468	MEMS Element: entry: [XML Identifier], - Invalid data value/format for Credits Offered:[Credits Offered].
469	Activity end date cannot be earlier than activity start date.
472	Keyword element(s) not valid for MOCA content outline.
473	MEMS Element: entry: [XML Identifier], Element name: [Element Name] - This activity is already closed and cannot be updated.
474	Internal ID cannot be the Organization ID. Please enter a unique value for this field.
475	Credit Claim data cannot be before the activity end date listed for the activity
476	An activity matching this ID already exists. Existing activities may not use the 'Add' record action.
477	Duplicate Entry. Two or more activity records in this submission have the same ID. Please ensure all activities in this file have unique IDs.
478	Pharmacy sequence number already in use.
479	Invalid data value/format for Commendation Tag:
481	Closed activities may not be edited.
482	Learners may not be reported for activities in the future.
483	This activity cannot be closed. Activities must have all required fields completed and an end date in the past to be closed.
484	Missing default credit type
485	Invalid template
486	Activity Format cannot be changed when individual learners have been reported
487	Activity credit type cannot be submitted alone
488	Invalid delivery method(s):
489	Invalid count of Keyword element(s): {Count}
490	At least one practice area or specialty is required
491	Invalid practice area or specialty
492	Activity cannot be deleted.
754	No new learner counts were entered for this activity
999	General activity record processing error.
999	Fatal Error: Please contact IT Support.