

RECOGNITION STANDARDS 2026

Standards, Policies and
Standards for Integrity and Independence

AMERICAN DENTAL ASSOCIATION
COMMISSION FOR CONTINUING EDUCATION PROVIDER
RECOGNITION
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ADA CERP RECOGNITION STANDARDS 2026

The Commission for Continuing Education Provider Recognition has adopted a comprehensive revision of the ADA CERP Recognition Standards. The new ADA CERP Standards will take effect on **June 1, 2026** in order to give providers time to transition to the new Standards. ADA CERP recognized providers will be expected to continue to meet the current ADA CERP Standards until June 1, 2026.

New framework

In revising the CERP Standards, the Commission's goals were to modernize, streamline and clarify the criteria for recognizing providers of continuing dental education. The new framework reflects the sequence of planning and delivering CE and emphasizes the elements essential to producing effective continuing dental education.

The ADA CERP Recognition Standards 2026 retain essential requirements from the current Standards, including requirements that CE activities are designed to close identified gaps in knowledge or performance, are based on content that is scientifically sound and free from commercial bias, and measure the effectiveness of the activity. Many of the current criteria which prescribe how a provider must do this have been removed.

Some requirements in the current Standards, which describe certain administrative or operational functions which recognized providers are expected to maintain, such as keeping records, have been reformatted as policies. ADA CERP recognized providers will still be expected to meet these administrative requirements.

New format

The format of the ADA CERP Recognition Standards 2026 has also been revised. Each criterion is a simple statement of a requirement. Many also include, in italics, an intent statement—an explanation of the rationale for the requirement and some examples of how CE providers might show that their programs meet the requirement. The intent statements are included as guidance only. The italicized explanations and examples are just that, possible examples; they are not requirements.

Transition period

The ADA CERP Standards 2026 will take effect June 1, 2026 to give providers time to adapt to the new Standards.

The Commission is also revising the CERP application to reflect the new Standards. The revised application will be available in June 2026. The first cohort of providers evaluated under the new Standards will be those submitting applications in January 2027.

During the transition period, ADA CERP recognized providers will continue to adhere to the current ADA CERP Recognition Standards as published on CCEPR.ADA.org.

Application cycle	Standards in effect
Spring 2025	Current Standards
Fall 2025	Current Standards
Spring 2026	Current Standards
Fall 2026	Current Standards
Spring 2027	ADA CERP Standards 2026

The Commission considered feedback from the communities of interest regarding the proposed revisions which emphasized the need for education and training on how to meet the new Standards. Educational webinars and new resources and tools to help familiarize providers with the new Standards will be made available in the coming months.

STANDARD 1. PURPOSE AND MISSION

1.1. Provider's CE mission

The provider has a mission statement for its CE program which identifies the intent and expected results of its CE programming in terms of changes in professional skills or performance, or patient outcomes.

Intent statement/guidance:

A clearly defined CE mission statement can serve as a roadmap for the provider's overall CE program. A mission statement may include information about the learners, educational methods and goals, but it must define what the program aims to achieve in terms of changes in professional skills or performance, or in terms of patient outcomes.

1.2. Overall program analysis

The provider collects data and information on its CE program and analyzes the degree to which its CE mission is being met.

Intent statement/guidance:

Gathering information and data about the provider's individual CE activities and using this information in a periodic analysis will help the provider to assess how effective its programming is in terms of improving professional knowledge, skills or practice, or patient outcomes.

1.3. Overall program improvements

The provider identifies, plans and implements needed changes in the overall program in order to meet its CE mission.

Intent statement/guidance:

Based on the data gathered about the provider's CE programming and the provider's analysis of whether it is meeting its CE mission, the provider utilizes the data gathered about the provider's CE programming to continuously improve its CE program and implement changes to be more effective. Improvements might include changes in planners, planning processes, instructors, educational methods, educational resources, facilities, organizational support or structure, etc.

1.4. Program administration

The provider has an identifiable, continuous administrative authority or individual with responsibility for administration of the provider's CE program. The administrator is responsible for ensuring that the CE program meets the ADA CERP Recognition Standards and Procedures through an established planning, implementation, evaluation and record-keeping process.

Intent statement/guidance:

Continuity of administration and planning is necessary for the stability and growth of the program. Written policies and procedures for planning, implementing the provider's CE program will support continuity and compliance with the Standards.

1.5. Advisory input in CE planning

The provider obtains input into the planning of its CE activities from health care professionals who are reflective of the target audience for which the provider's CE activities are designed.

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Intent statement/guidance:

Objective input from professionals representative of the audience for which a provider's activities are designed can offer insights and guidance regarding the profession's educational needs and educational content. Providers may establish formal committees or advisory panels to provide this input, appoint qualified individuals to participate in the development of CE activities or provide peer review. These groups and/or individuals may also help the provider conduct its periodic self-assessment.

STANDARD 2. CE PLANNING

2.1. Educational needs

The provider identifies the educational needs and/or the professional practice gaps (gaps in knowledge, skills, performance) of their learners and incorporates these into their CE activities.

Intent statement/guidance:

Continuing education helps dental practitioners remain current in their professional knowledge, skills and practice in order to promote oral health and protect the public. CE providers should identify gaps between what dental professionals currently know or do and what is needed and desired in practice. Examples to document compliance might include but are not limited to:

- *Course planning forms that include questions and information about the practice gaps to be addressed*
- *Surveys of target audience regarding performance gaps or barriers to practice*
- *Quality and safety assurance and improvement documentation*
- *Clinical guidelines*
- *Regulatory requirements*

2.2. Designed to change

The provider develops CE activities that are designed to change professional competence or performance, or patient outcomes.

Intent statement/guidance:

As a next step in the planning process, the provider develops education that is designed to change learners' strategies/skills (competence), what learners actually do in practice (performance), and/or the impact on the patient or on the care delivered (patient outcomes). Written educational objectives articulate the desired results of an educational activity. They help direct the design of the activity and provide a framework for measuring the effectiveness of the activity.

2.3. Educational formats

The provider chooses educational formats for each CE activity that are appropriate for the setting, objectives, and desired results of the activity, and which promote active learning.

Intent statement/guidance:

Activity formats (e.g., didactic, small group, interactive, hands-on skill labs) should be chosen based on what the provider hopes to change as a result of the education. Adult education literature provides guidance about which learning formats are more effective than others depending on the outcome that is desired, the setting, and the needs of the learners.

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2.4. Instructor qualifications

The provider chooses instructors who are qualified by education and experience to provide instruction in the relevant subject matter.

2.5. Instructor collaboration and communications

The provider communicates and collaborates with the instructor regarding the educational needs, objectives, active learning formats, and assessments for the activity.

2.6. Publicity

Publicity for the provider's CE activities is informative and not misleading, and includes:

- a. Name of the provider, and any joint providers
- b. Contact information for CE provider
- c. Description of course content
- d. Description of educational objectives
- e. Description of educational methods used
- f. Instructors' names and qualifications
- g. Costs and refund policies
- h. Location, date and times (live activities)
- i. Release date and expiration date (self-study activities)
- j. Number of CE credits to be awarded
- k. Information on any pre-requisites
- l. ADA CERP recognition statement and joint providership statement when applicable

Intent statement/guidance:

Publicity for CE activities must provide accurate information to the potential learners so that they may make informed decisions.

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STANDARD 3. INTEGRITY AND INDEPENDENCE

3.0 Integrity and independence

The provider develops CE activities that comply with the Accreditation Council for Continuing Medical Education's [*Standards for Integrity and Independence in Accredited Continuing Education*](#), which includes the responsibility to:

- a. Ensure content is valid.
- b. Prevent commercial bias and marketing in accredited continuing education.
- c. Identify, mitigate, and disclose relevant financial relationships.
- d. Manage commercial support appropriately (if applicable).
- e. Manage ancillary activities offered in conjunction with accredited continuing education (if applicable).

The ACCME Standards for Integrity and Independence in Accredited Continuing Education are published at [ACCME.org/rules/standards/](https://www.accme.org/rules/standards/) and are included at the end of this document.

Terminology

Ineligible company: ADA CERP considers the ACCME term “ineligible company” as equivalent to the ADA CERP term “commercial interest,” defined as: (1) An individual or entity that produces, markets, resells or distributes health care goods or services consumed by, or used on, patients, or (2) an individual or entity that is owned or controlled by an individual or entity that produces, markets, resells, or distributes health care goods or services consumed by, or used on, patients. Providing clinical services directly to or for patients (e.g., a dental practice, dental lab, or diagnostic lab) does not, by itself, make an individual or entity a commercial interest.

Accredited: ADA CERP considers “accredited provider” as equivalent to “ADA CERP recognized provider,” and “accredited continuing education” as equivalent to CE offered by an ADA CERP recognized provider.

STANDARD 4. EVALUATION

4.0. Analyze effectiveness of CE activities

The provider analyzes changes in learners' knowledge, performance or practice, and/or patient outcomes achieved as a result of the provider's CE programs.

Intent statement/guidance:

The provider uses evaluation tools for CE activities to assess learners' achievement. The provider may evaluate any aspects of its CE activities that are relevant to its program, learners, setting, goals, etc., but it must at least use evaluation tools that will allow it to analyze any changes in its learners' knowledge, performance or practice that resulted from the educational activity, changes the learners expect to make, and/or the impact on patients.

Using this data and information gathered for all its CE activities, the provider will be able to analyze the impact of its overall CE program in terms of those changes.

STANDARD 5. PATIENT PROTECTION

5.0. Patient Protection

Standard 5. Applies only to those providers that offer continuing education courses in which patients are treated. This includes courses in which the instructor or the learners perform procedures on patients.

A provider that offers CE courses in which patients are treated has protocols and procedures in place to ensure patient safety and privacy, including the following:

- a. Ensuring that participants and instructors treating patients are in compliance with any applicable dental licensure laws in the jurisdiction where the course is being held;
- b. Ensuring that providers, instructors and participants have liability protection where required;
- c. Obtaining informed consent from patients;
- d. Informing patients in plain language of
 - i. The training situation
 - ii. The nature and extent of the treatment to be rendered
 - iii. Any benefits or potential harm that may result from the procedure
 - iv. Available alternative procedures
 - v. Their right to discontinue treatment
 - vi. The name and contact information for the clinician responsible for answering questions, addressing concerns, and providing any necessary completion of treatment and post-treatment care, including emergency treatment.
- e. Ensuring standard infection prevention and infection control protocols, sterile equipment and instruments in good working order, and access to emergency care.
- f. Ensuring instructors/participants are up to date on patient safety protocols and emergency response procedures.
- g. Assuming responsibility for competent completion of treatment, any necessary post-course treatment, and management of complications by a qualified clinician.

ADA CERP NEW POLICIES

The following administrative requirements must be maintained by all ADA CERP recognized providers.

Periodic review of self-study activities

Providers that produce self-study activities must review each activity at least once every three years or more frequently if indicated by new scientific developments to ensure that content is current and accurate. Providers must publish the original release date of each self-study activity, the review date, and the expiration date on the self-study activity.

Calculating credits

The provider designates credits for CE activities as follows:

- a. Credits are based on the actual length of instruction time, including Q&A periods, and any mandatory self-assessment. Credits are not awarded for breaks, meals, registration periods or general business.
- b. Credits may be awarded in increments of 15 minutes (0.25 credits per 15 minutes); no credits are awarded for activities that are less than 15 minutes in duration.
- c. Self-instructional activities are designated for credit based on a good faith estimate of the time an average participant needs to complete the activity.

Awarding credit

The provider issues verification of CE credits earned to learners who complete a CE activity; the verification issued contains the following information:

- a. Name of the CE provider
- b. Name of the participant
- c. Title of the CE activity, including specific subjects if these are not included in the activity title
- d. Dates, hours and location of the activity (live activities), or the learner's completion date (self-study activities)
- e. Educational format of the activity (e.g., in-person lecture, hands-on participation, live webinar, on-demand webinar, online self-study, etc.)

Record keeping

The provider maintains accurate records of the learners' participation in CE activities for a period of at least six years, and information on the planning and presentation of each course for the duration of its current ADA CERP recognition term. Maintaining accurate records of course participants helps the learners in the provider's activities meet their reporting requirements to regulatory agencies. Maintaining course activity files helps the provider meet its reporting requirements to ADA CERP, including the annual report, applying for continued recognition, and in the event of potential complaints.

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ADA CERP EXISTING POLICIES

The following policies will be retained.

Joint providership

This policy delineates recommended procedures for initiating, developing and managing joint providerships in compliance with the current ADA CERP standards, procedures, definitions and policies.

1. A recognized provider may elect to share responsibility with one or more recognized or non-recognized providers for planning, implementing, evaluating, and keeping records for a continuing dental education activity. A non-recognized provider may initiate joint providership with a recognized provider.
2. Non-recognized joint providers must be compliant with eligibility requirements as they reflect specific ADA CERP standards, criteria, procedures and definitions. A commercial interest as defined by ADA CERP may not be a joint provider.
3. Responsibility for quality assurance rests with the recognized provider. Administrative responsibility for development and implementation of continuing education activities must rest with the recognized provider whenever the recognized provider acts in cooperation with providers that are not recognized. When two or more recognized providers act in cooperation to develop, distribute and/or present an activity, one must take responsibility for ensuring compliance with CERP Standards.

These responsibilities include but are not limited to:

- a. A letter of agreement must be drawn up between the providers forming the joint providership. The letter of agreement must be signed by all parties.
 - b. Responsibility for initiating and coordinating management of the letter of agreement must rest with the recognized provider(s).
 - c. The recognized provider(s) must ensure that specific planning and administrative procedures have been established to ensure compliance with ADA CERP standards, criteria, procedures and policies.
 - d. The recognized provider(s) and any joint providers that are not recognized must ensure that CE activities offered have a sound scientific basis in order to adequately protect the public.
 - e. The parties named in the letter of agreement must review the letter of agreement periodically in order to make any required updates or revisions.
4. The recognized provider must inform the participant of the joint providership relationship through the use of the appropriate recognition statements. All printed materials for jointly provided activities must carry the appropriate recognition statements.

<<Name of provider>> is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at CCEPR.ADA.org.

<<Name of provider>> designates this activity for <<number of credit hours>> continuing education credits.

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This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between <<Name of CERP recognized provider>> and <<Name of joint provider.>>

ADA CERP Joint Providership Policy

Approved: November 2001; Revised: November 2009, December 2013, March 2015, April 2019, September 2022

Reporting substantive changes

Substantive changes: A substantive change to a provider's continuing education (CE) program is one that may impact the degree to which the recognized provider complies with the ADA CERP Recognition Standards and Procedures. The Commission must be made aware of substantive changes as soon as possible. Substantive changes may include, but are not limited to:

- Changes in ownership, legal status or form of control.
- Introducing a new educational method beyond the scope described in the application, e.g., adding patient treatment courses or self-study activities.
- Changes in the CE program's source(s) of financial support, especially if funding is from an external commercial source.
- Changes in the CE provider's contact information.

When an ADA CERP recognized provider undergoes certain substantive changes, resulting, for instance, from a merger or acquisition, the Commission may need to work through the transition with the organization.

When a recognized provider undergoes certain substantive changes, for example, becoming owned by a commercial interest, ADA CERP may consider the provider to be significantly different than the organization that was recognized. ADA CERP may require the provider to cease providing CE as an ADA CERP recognized provider.

ADA CERP may withdraw a provider's recognition if the provider is dissolved or ceases to exist as a result of a merger, acquisition or dissolution.

When substantive changes occur, the primary concern of the Commission for Continuing Education Provider Recognition (the Commission) is that the provider continues to meet the ADA CERP standards and criteria. Recognized providers must be able to demonstrate that any substantive change(s) to their CE program will not adversely affect the ability of the organization to comply with established standards. If the Commission determines that the program changes represent a sufficient departure from practices in place at the time of application, the Commission may elect to re-evaluate the provider before the next formal reapplication is due.

Contact information changes: To protect the best interest of all parties, ADA CERP generally limits communications to authorized contact persons identified by the provider. It is very important to ensure that your organization's contact information is current and accurate. ADA CERP uses the following contact categories:

1. CERP contact: the person with whom CERP regularly communicates, frequently via email
2. Chief Executive Officer: the person in a leadership role who is ultimately responsible for the organization's ADA CERP recognized CE provider

A provider may review and make necessary changes to their organization's contact information by

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contacting ADA CERP staff at cerp@ada.org. ADA CERP considers the names and contact information for providers recognized by ADA CERP to be public information, and provides lists of these names to the public, accordingly.

Reporting changes: All recognized providers are expected to report substantive changes **in writing** to the CCEPR within 30 days of the change. If a provider is uncertain whether a change is substantive, the provider should contact Commission staff at cerp@ada.org for clarification and guidance. The following procedures shall apply to substantive changes:

1. ADA CERP recognized providers must report any substantive change(s) to their CE program within 30 days of the change.
2. The provider must submit to the Commission a description and/or documentation describing the change(s) and explaining how the CE program will continue to comply with ADA CERP standards and criteria.
3. Providers will receive written notification from the Commission that:
 - a. The information is acceptable and will be kept on file for review at the time of the provider's next scheduled reapplication, or
 - b. Additional documentation is required for re-evaluation prior to the next scheduled reapplication, usually at the time of Commission's next scheduled meeting.
4. The Commission may exercise its right to re-evaluate a recognized provider at any time.
5. When a provider has received written notification to provide additional documentation, **failure to submit the requested documentation shall be considered grounds for withdrawal of ADA CERP recognition status** at the next regularly scheduled meetings of the Commission.
6. Submission of false or misleading information shall be grounds for withdrawal of ADA CERP recognition status.

ADA CERP Policy on Reporting Substantive Changes

Adopted: September 1994

Revised: May 2000, September 2000, January 2006, March 2015; April 2023



Accreditation Council[™]
for Continuing Medical Education

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Standards for Integrity and Independence in Accredited Continuing Education

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Accrediting Bodies That Have Adopted the Standards

The Standards for Integrity and Independence in Accredited Continuing Education reflect the values of the continuing education community and have been adopted by eight accrediting bodies representing multiple health professions. Independence from industry is the cornerstone of accredited continuing education. By achieving consensus on the Standards, these accrediting bodies in the health professions stand together, not only to continue to assure the delivery of high-quality learning experiences, but also to sustain the protection from industry bias and marketing that accreditation rules deliver. We invite additional accrediting bodies and regulators to consider adopting or endorsing the Standards. Please contact us at info@accme.org for more information.



Accreditation Council for Continuing
Medical Education (ACCME)



American Nurses Credentialing Center
(ANCC)



Accreditation Council for Pharmacy
Education (ACPE)



American Osteopathic Association



American Academy of Family
Physicians (AAFP)



Association of Regulatory Boards of
Optometry's Council on Optometric
Practitioner Education (ARBO/COPE)



American Academy of PAs (AAPA)



Joint Accreditation for Interprofessional
Continuing Education™

Standards for Integrity and Independence in Accredited Continuing Education

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient's best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME[®]) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

Terms used for the first time are written in *blue italics*, followed by the definition for the term.

Eligibility

The ACCME is committed to ensuring that accredited continuing education (1) presents learners with only accurate, balanced, scientifically justified recommendations, and (2) protects learners from promotion, marketing, and commercial bias. To that end, the ACCME has established the following guidance on the types of organizations that may be eligible to be accredited in the ACCME System. The ACCME, in its sole discretion, determines which organizations are awarded ACCME accreditation.

Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (*eligible organizations*) 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. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

Types of Organizations That *Cannot* Be Accredited in the ACCME System

Companies that are ineligible to be accredited in the ACCME System (*ineligible companies*) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Owners and Employees of Ineligible Companies

The *owners* and *employees* of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in **joint providership** with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education.

The ACCME determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

Standard 1: Ensure Content is Valid

Standard 1 applies to all accredited continuing education.

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

Standard 2 applies to all accredited continuing education.

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

Standard 3 applies to all accredited continuing education.

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying **relevant financial relationships** between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

Accredited providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.

1. **Collect information:** Collect information from all planners, faculty, and others in control of educational content about **all** their financial relationships with ineligible companies within the prior **24** months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.

Disclosure information must include:

- a. The name of the ineligible company with which the person has a financial relationship.
 - b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. **Exclude owners or employees of ineligible companies:** Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
 - a. When the content of the activity is not related to the business lines or products of their employer/company.
 - b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
 - c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
 3. **Identify relevant financial relationships:** Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
 4. **Mitigate relevant financial relationships:** Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
 - a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
 - b. Document the steps taken to mitigate relevant financial relationships.

5. **Disclose all relevant financial relationships to learners:** Disclosure to learners must include each of the following:
- The names of the individuals with relevant financial relationships.
 - The names of the ineligible companies with which they have relationships.
 - The nature of the relationships.
 - A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.

Exceptions: Accredited providers do **not** need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

- Accredited education that is non-clinical, such as leadership or communication skills training.
- Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
- Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

Standard 4: Manage Commercial Support Appropriately

Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

Accredited providers that choose to accept **commercial support** (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

- Decision-making and disbursement:** The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
 - Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
 - The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
 - The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
 - The accredited provider may use commercial support to defray or eliminate the cost of the education for *all* learners.

2. **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability:** The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners:** The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
 - a. Influence any decisions related to the planning, delivery, and evaluation of the education.
 - b. Interfere with the presentation of the education.
 - c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
 - a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
 - b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
 - c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
 - d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.