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I. DEFINITION OF CME

Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work and these activities are not CME. Continuing educational activities which respond to a physician’s non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME. CME that discusses issues related to coding and reimbursement in a medical practice falls within TMA’s definition of CME.

All CME educational activities developed and presented by a provider accredited by TMA and associated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all TMA accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the TMA accreditation process as verification of fulfillment of the TMA accreditation requirements. Please refer to the AMA PRA Booklet for the approved learning formats for which AMA PRA Category 1 Credit™ can be certified.

II. MISSION STATEMENTS

Institutional Mission: CHRISTUS Trinity Mother Frances Health System vision is to create healthy lives for people and communities and our mission as a faith-based organization, is to enhance community health through service with compassion, excellence, and efficiency.

Continuing Medical Education Mission Statement: Purpose: The aim of the continuing medical education program at CHRISTUS Trinity Mother Frances Health System is to provide high quality educational activities designed to improve physician competence, physician practice and/or patient outcomes in the delivery of quality medical care. The goal of the CME program is to promote and further the practice of evidence-based, cost-effective and safe healthcare in keeping with the Hospital’s mission to provide excellent patient care.

Content Areas: CME activities will address the entire spectrum of medical specialties and subspecialties and will be designed to keep pace with advances in medicine, technology and biomedical research, as well as changes in the health care environment. Ethics and/or professional development programming will be presented throughout the year for physicians to meet the state licensure requirement. Activities will be planned to provide new knowledge, enhance existing knowledge and skills, foster the practice of cost-effective and evidence-based medicine and when appropriate, encourage change in practice behaviors to improve patient outcomes.
will be planned to provide new knowledge, enhance existing knowledge and skills, foster the practice of cost-effective and evidence-based medicine and when appropriate, encourage change in practice behaviors to improve patient outcomes.

Target Audience: CME activities will be designed to meet the identified educational needs of faculty and physicians at CHRISTUS Trinity Mother Frances Health System, as well as physicians throughout the region and adjoining states. Participation by non-physician allied healthcare providers will be encouraged, where appropriate.

Types of Activities: Current and emerging methods and technologies will be utilized to deliver quality educational experiences for adult learners in a variety of formats including directly sponsored courses (lectures, conferences, seminars, etc.); regularly scheduled series (Grand Rounds, Tumor Board, etc.); distance learning activities, and Internet enduring materials. Upon request, the CME Committee will consider jointly sponsoring activities with non-accredited providers.

Expected Results: It is anticipated that CME activities sponsored by CHRISTUS Trinity Mother Frances Health System will be balanced, ethical and objective and will strengthen and expand the medical knowledge and skills of physicians and other participants and lead to improvements in competence and performance and ultimately improved patient care. In addition, it is expected that the CME program will meet the accreditation requirements of the Texas Medical Association and other applicable guidelines. (Approved by the CME Committee on the February 13, 2015)

III. PROGRAM ADMINISTRATION

Regional Director of CME: The Regional CME program is administered through the Medical Staff Office in accord with TMA’s Essential Areas and Their Elements. The Regional Director is responsible for the day-to-day operations of the overall CME program. Assistance is provided by CME Committee members and support staff in various departments who are involved with the CME activity.

CME Committee: The CME Committee provides direction for the overall CME program assisting the CME office in developing, planning and evaluating programming consistent with the ACCME Essentials and policies, the ACCME Standards for Commercial Support, CTMFHS regulations and all other regulatory guidelines. In addition to reviewing and approving annual plans for on-going CME series (Grand Rounds, Tumor Board, etc.) the committee reviews all requests for CME credit designation. The committee aids in the identification of practice gaps, makes programming recommendations based on identified needs, helps identify barriers, appropriate methodologies and other criterion issues that may enhance or affect CME activities including the evaluation of outcome measurements to determine the impact of CME programming. The committee also plays an active role in the annual review of the overall CME program as well as reviewing evaluation summaries for all CME activities. Committee members frequently serve as program directors for activities, and provide invaluable planning assistance for CME activities.

III. ACCREDITATION GUIDELINES AND OTHER REGULATIONS:
CHRISTUS Trinity Mother Frances Health System is accredited to designate CME credit through the Texas Medical Association under the auspices of the Accreditation Council for Continuing Medical Education (ACCME). All CME programming and activities are planned, designed, and implemented within the Essential Areas as laid forth in Accreditation of Continuing Medical Education Providers in Texas (Texas Medical Association). This publication contains the governing requirements for CME and the Hospital’s CME program is operated within these parameters to provide quality programming in an exemplary fashion.

CME is also increasingly affected by ongoing changes in the healthcare industry, and we adapt as necessary to comply with changes as they occur within our governing parameters. In addition, local policies and procedures defined in this
CME is also increasingly affected by ongoing changes in the healthcare industry, and we adapt as necessary to comply with changes as they occur within our governing parameters. In addition, local policies and procedures defined in this manual have been developed to encourage self-directed physician participation in CME activities that are designed and directed by physician educators to meet identified needs and address practice gaps.

CHRISTUS Trinity Mother Frances Health System are responsible for informing participants when they have designated an activity for credit, and the number of hours offered upon its completion. This is done through publication of the accreditation statement and the credit designation statement (stated above), both of which must appear on program announcements and brochures distributed to potential participants by accredited providers. The accreditation statement indicates that the organization is accredited and by whom it is accredited. The credit designation statement indicates the number of AMA PRA Category 1 Credits™ for which it is designated. Use the exact wording as stated in the following table.

**Accreditation Statements:** Statements on promotional materials to the affect that CME credit is “pending” or “applied for” are PROHIBITED by the American Medical Association and the Texas Medical Association.

**Texas Medical Board CME Requirement, Including Ethics.**

The Texas Medical Board (TMB) administers a CME requirement for physicians who apply for the Texas medical license. Physicians must complete 48 credits of CME every 24 months. At least 24 credits every 24 months are to be from formal courses certified for AMA PRA Category 1 Credit™; or AAFP Prescribed Credit; or AOA Category 1-A Credit. The remaining 24 credits can be from informal self-study, attendance at hospital lectures, grand rounds, or case conferences not approved for formal CME, or journal articles not certified for formal CME.

The TMB, as part of the renewal of the medical license every two years, requires that physicians complete two credits (of the total 24 formal) in ethics and/or professional responsibility content. The Board further requires that accredited CME providers determine the content of ethics credits; no specific criteria are offered. Should an accredited provider designate an activity, or parts of an activity, for ethics and/or professional responsibility content, the following statements are recommended.

a. Addendum-Fair Market Value of CME Activities and Stark Law Compliance (Attachment 1)

**V. CME PLANNING**

Accreditation standards require that educational activities must be the product of a well documented planning process. Planning cannot be delegated to administrative staff. Planning for a CME activity must begin with the identification of a practice gap. Simply stated, a practice gap is the difference between current practice and best practice. Or what the physician currently knows or has the ability to do, and where they should be in their knowledge, competence and or performance. Once the practice gap(s) has been identified and documented, the planning and development of a particular educational activity can begin.

**VI. EDUCATIONAL OBJECTIVES**

It is essential that learning objectives or expected learning outcomes be established for each CME activity. This specifically requires assessing what the learner will take back and implement in clinical practice, or is able to do as a result of participating in the activity. Educational objectives will be written for each CME activity after the practice gaps and target audience are defined. In contrast to goals that state the broad purpose of the activity in non-behavioral terms, objectives should be action oriented, measurable, and short-range. Specific written objectives for an educational program will guide the planners in selecting appropriate teaching methods; provide a means by which the activity’s effectiveness can be evaluated; and assist physicians in judging whether the activity will meet their needs or interests.
means by which the activity’s effectiveness can be evaluated; and assist physicians in judging whether the activity will meet their needs or interests.

VII. PROMOTIONAL MATERIAL
The development of promotional materials, such as program announcements and brochures, must be part of the planning process as well as distribution mechanisms. Promotional materials will feature the CME activity as the primary incentive for attendance and should include the following information:

1. Title of the activity and topics to be presented
2. Statement of specific educational objectives
3. Description of the specific audience for whom the program is designed
4. Prerequisites or special background required for effective participation
5. Names and credentials of program faculty
6. CME accreditation and credit designation statements
7. Acknowledgement of educational grants or other financial contributions (if known at the time of publication)

Various types of preliminary notices such as calendar listings or save the date announcements may be distributed before all details of an activity are confirmed. Such notices contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation and credit statements must be included.

VIII. ACTIVITY EVALUATION
Activity evaluation will be an important and integral part of the activity planning process. Evaluation will complete the planning cycle and the data can be used to plan and implement future activities. The evaluation tool must assess the extent to which the learning objectives were met; how the participants feel the activity will improve the effectiveness of their professional performance; and the quality of the educational process.

IX. REGULARLY SCHEDULED SERIES (RSS)
Regularly Scheduled Series (RSS) are defined as weekly or monthly CME activities that are primarily planned by and presented to the provider’s professional staff such as Grand Rounds, Tumor Board, Journal Clubs, and other case conferences. RSS are typically a combination of didactic and interactive case-based learning that is practice-based and reflects the unique needs of the sponsoring department. Activity planning is the responsibility of the RSS Program Assistant, with assistance from the CME staff, and must follow CME accreditation standards and adhere to the Standards for Commercial Support.

IX. REGULARLY SCHEDULED SERIES (RSS) (continued)
To provide diligent oversight and to be alert of potential breaches in accreditation standards, CME staff regularly attend RSS programs. In addition, all records (sign-ins, case presentations, disclosures, etc.) are maintained in the CME office. In addition, the RSS Program Director must review and update the RSS annual program plan annually and submit to the CME Committee for their review and approval. A program evaluation is conducted annually with the learners that attend the RSS regularly.

X. INTERNET
Live or enduring material activities that are provided via the Internet are considered to be “Internet CME.” Internet CME must comply with all TMA accreditation requirements and policies (including the Standards for Commercial Support).

XI. JOURNAL-BASED CME
Journal-based CME should not be confused with Journal Club, which is a live CME activity organized as a regularly scheduled series. The "activity" in a journal-
XI. JOURNAL-BASED CME

Journal-based CME should not be confused with Journal Club, which is a live CME activity organized as a regularly scheduled series. The "activity" in a journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase [that may include reflection, discussion, or debate about the material contained in the article(s)] and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

The educational content of Journal CME must be within TMA’s definition of CME. Journal-based CME activities must comply with all TMA accreditation requirements and policies (including the Standards for Commercial Support). A journal-based CME activity is not completed until the learner documents participation in that activity to the provider. The American Medical Association has established additional criteria for journal-based CME. Please refer to the AMA PRA Booklet to ensure total compliance.

I. ENDURING MATERIALS

Enduring materials are defined as printed, recorded, or computer-assisted instructional materials, which may be used over time at various locations and which in themselves, constitute a planned continuing medical education activity and are used for independent physician learning. Examples include CD-ROMs, Internet activities, programmed texts, audiotapes, and videotapes. Enduring materials must meet the same criteria for accreditation as other CME activities, plus require ongoing maintenance. The establishment of an enduring material requires approval by the CME Committee which should make certain the enduring materials are consistent with the mission and scope of its CME educational efforts.

In order to present the request to the CME Committee for their review, the following information must be received at least 60 days prior to the proposed program date. Practice gap data...what sources did you use to identify the gap? CME Program Request form outlining the title, speaker, learning objectives and anticipated outcome for the proposed activity. Curriculum vitae for proposed speaker(s).

Once the CME Committee approves the application, the CME office will let the sponsoring department know they were approved. The CME office will work directly with the sponsoring department to develop the appropriate brochure and/or flyer for distribution, required correspondence to the speaker(s), as well as the registration paperwork (sign-ins, evaluation forms, certificates, etc.) The sponsoring department is responsible for providing the staff to help with registration on the day of the program. Immediately following the program, the sponsoring department will meet with the CME Department and go over the evaluations to discuss how they can improve the educational event for the next year. NOTE: Any outside commercial support received in support of this program (speaker honoraria, catering, etc.) must be handled through the CME office.

XII. HONORARIA AND TRAVEL REIMBURSEMENT

When funds are available to do so, external speakers may be paid a reasonable honorarium. All payments of honoraria and fees to speakers will be made within the policies of the CHRISTUS Trinity Mother Frances Health System Policies. Under no circumstances shall a commercial supporter directly pay an honorarium or expenses to a speaker for a CME activity. CTMFHS policies forbid the payment of honoraria to Hospital staff for activities such as Grand Rounds, Tumor Board, etc. that are part of the everyday activities of the institution and/or are part of the faculty’s teaching responsibilities.

However, when Hospital staff serves as faculty for a CME activity outside the traditional work week and there is adequate commercial support and/or registration fees, faculty may receive up to $500 benefit for that service.
However, when Hospital staff serves as faculty for a CME activity outside the traditional work week and there is adequate commercial support and/or registration fees, faculty may receive up to $500 benefit for that service.

Reimbursement of out-of-pocket travel expenses for speakers and/or planners will be paid in compliance with Hospitals’ policies governing travel reimbursement. The required documentation must be submitted before reimbursement is made. No individual involved in a CME activity (speakers, planners, staff) may receive payment directly from a commercial interest for honoraria, travel and/or out-of-pocket expenses.

Speaker will fill out and sign a “Speaker Agreement” form to be in compliance with the Stark Law (see Attachment 2)

XIII. ANNUAL EVALUATION

In addition to activity evaluations outlined above, an evaluation of the overall CME program must occur annually. The effectiveness of the CME program will be measured against criteria established in the CME Mission Statement. This annual evaluation will be overseen by the CME Program Manager in collaboration with the CME Committee. Conclusions from this assessment will be used to improve the CME program for the coming year. Whenever possible, attempts should be made to assess the effect of the CME program on improved patient care.

XIII. COMMERCIAL SUPPORT FOR CME ACTIVITIES

The CME Department strictly abides by the ACCME Standards for Commercial Support (see Attachment) and ensures that all programming decisions are made free of the control of a commercial interest and that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest. A “commercial interest” is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies.

The CME Department maintains control of all aspects of the planning, implementation, and evaluation of CME programs regardless of commercial support. Persons employed by or associated with commercial entities are not allowed to participate in the planning, implementation or evaluation process of any of our CME activities. Commercial support will be accepted only after a Letter of Agreement has been completed and signed to acknowledge that the funds are given with the Hospitals full support and approval. All commercial support funds received will be deposited into the designated CME Programs accounts. All receipts and disbursements of commercial support must be auditable, reconciled and reported to the Foundation and to the CME Committee. Sources of commercial support will also be reflected on the CME activity’s Foundation Status Report.

Arrangements for commercial exhibits or advertisements cannot influence the planning or interfere with the presentation of CME activities, nor can they be a condition of the provision of commercial support.

CME office makes certain that arrangements for commercial exhibits and/or advertisements do not influence planning or interfere with the presentations. Like commercial supporters, exhibitors are solicited only after the educational content of the activity has been designed and faculty has been selected. At all live activities, the CME staff makes certain to arrange the exhibit area separate from the educational area. They also ensure that periods available for learners to voluntarily visit exhibit areas do not overlap the times when educational events occur.

Advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Commercial interests may not engage in sales or promotional activities while in the space or place of the CME activity. Disclosure of all sources of commercial support will be disclosed to the audience. It is the policy of the CME office to NOT provide commercial supporters with copies of sign-in rosters, but upon request, to provide attendance figures only.
to the audience. It is the policy of the CME office to NOT provide commercial supporters with copies of sign-in rosters, but upon request, to provide attendance figures only.

XXII. SPEAKER DISCLOSURE AND RESOLUTION OF CONFLICTS OF INTEREST

Everyone who is in a position to control the content of a CME activity sponsored by CTMFHS is required to disclose all relevant financial relationships with any commercial interest. CTMFHS faculty, planning committee members, CME committee members and staff complete an annual disclosure form each January. Disclosure forms are reviewed prior to the CME activity by the CME Program Manager if needed. Anyone who refuses to complete a disclosure form will be disqualified as a planner and/or speaker.

A speaker that indicates a commercial affiliation will be sent a Resolution of Conflict letter outlining our expectations of their presentation, reviewing the learning objectives for their presentation, and the Policy on Content Validation. This letter must be signed and returned by the speaker prior to their presentation. If needed, additional resolution methods may include, but are not be limited to, one or more of the following: a) assuring valid content through peer review of content prior to the activity; b) assigning a different topic for the individual; c) assigning a different faculty for the topic and/or d) cancellation of the speaker. The intent of this policy is not to prevent individuals from participating, but rather is to identify and resolve any conflict of interest.

Acknowledgement of all disclosures—i.e., nothing to disclose or existence of affiliation(s), and/or financial relationship(s) or interest(s) will be made at each program. The disclosure information is published in course syllabi, handouts, presentation slides and/or posted with sign-in sheets so that it may be viewed by learners prior to the start of the activity. Evaluation data regarding the learners’ perception of bias is also gathered as part of the resolution of conflict process. While every precaution is taken to avoid the presentation of commercially biased information, it is understood that we cannot control what speakers say when they present.

Should a speaker present a blatantly biased presentation, the CME Program Manager and/or the CME Committee may communicate to the speaker that the talk was perceived by many to be blatantly biased. Additionally, all speakers receive a summary of the evaluations completed by participants. Only by communicating this perception does the speaker have the opportunity to take action. If a speaker is widely perceived to be commercially biased, that speaker will not be invited to speak at future CME activities.

XXIII. SOCIAL EVENTS AT CME ACTIVITIES

Social events are never allowed to compete or take precedence over educational activities. Social events are strictly limited to modest meal functions and receptions for the purpose of promoting interaction and exchange between faculty and learners. For the convenience of learners, breakfast meals, break refreshments and luncheons are permitted. The cost of these functions is covered either by the tuition paid by learners to attend the CME activity and/or by the sponsoring department. The CME office does not have discretionary funds available to provide catering for CME activities.

XXIII. FINANCIAL RESOURCES

The Department of Medical Education will provide sufficient budget and resource allocations to accomplish the CME mission, to support activities as planned, and to maintain the program in accordance with the Essential Areas. A separate account will be established specifically for the CME program with a monthly reconciled financial report provided to the Director of Medical Education, accounting for all funds received in the CME office (educational grants, registration fees). In addition, for CME activities that charge a registration fee and/or receives commercial support, a separate Income and Expense Report will be prepared, outlining all expenses and income associated with the activity. The CME program will not over rely on commercial support funds to support its overall program and will meet all obligations and
activities that charge a registration fee and/or receives commercial support, a separate Income and Expense Report will be prepared, outlining all expenses and income associated with the activity. The CME program will not over rely on commercial support funds to support its overall program and will meet all obligations and commitments in a timely fashion.

XXV. RECORD MAINTENANCE

In accord with TMA guidelines, the CME office will maintain accurate records for a minimum of six years of the credit earned by physician participants at its activities and will be able to verify attendance and credits when requested by the participant.

CTMFHS is required to retain activity files/records of the CME activity planning and presentation during the current term of accreditation or for the last twelve months, whichever is longer.

XXVI. TMA ANNUAL REPORTING AND PARS

TMA-accredited providers must submit an annual report for their CME program to the ACCME online reporting system on or before March 31. This data is submitted through the Program and Activity Report System (PARS) on ACCME’s website. Providers will need to confirm/update organizational contact information and complete entry of activity and program summary data for the prior year. For example, the data due by March 31, 2013 will be for 2012 activity and program data.

The data submitted regarding your program and activities enable the ACCME to produce Annual Report Data, which offers a comprehensive analysis of the size and scope of the CME enterprise nationwide, presenting statistics on CME program revenue, funding, participants, activities, and activity formats. The annual report data is published annually as a service to accredited providers, other stakeholders, and the public. TMA-accredited providers may access PARS at www.accme.org on the For Providers section of the ACCME website.

XXVII. JOINT SPONSORSHIP

Joint Sponsorship involves the planning and presentation of CME activities in partnership with non-accredited providers. The purpose of this policy is not to discourage alliances or collaborative efforts, but to ensure that strict control of the accreditation process must never be abdicated. All jointly sponsored programs must be approved by the CME Committee and reported to TMA. The CME office will enter into a joint sponsorship relationship only when the following requirements are met:

1. The proposed jointly sponsored activity is in accordance with the CME mission.
2. The non-accredited joint sponsor completes a joint sponsorship agreement and pays the joint sponsorship fee (approved on a case-to-case basis). CTMFHS faculty has an integral involvement in the planning process.
3. The program agenda has not been finalized; faculty has not been confirmed and no commercial support funds have been obtained.
4. Promotional materials containing registration information for the proposed activity have not been disseminated.
5. The CME office is able to document that the activity will be planned and presented in compliance with the TMA Essential Areas.

When the decision is made to jointly sponsor an activity with a non-accredited sponsor, the CME office must treat the activity as if it were its own maintaining control and oversight of the educational process; ensuring that the standards of commercial support are maintained; and only delegating responsibilities when there is complete understanding and agreement between the CME office and the non-accredited sponsor of the need to comply with the Essential Areas. NOTE: A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

CHRISTUS Good Shephard Medical Center Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint
CHRISTUS Good Shepard Medical Center Statement:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) though the joint providership of CHRISTUS Trinity Mother Frances Health System and CHRISTUS Good Shepard Medical Center. The CHRISTUS Trinity Mother Frances Health System is accredited by TMA to provide continuing medical education for physicians.

The CHRISTUS Trinity Mother Frances Health System designates this Live Activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*™. Participants should claim only the credit commensurate with the extent of their participation in the activity.

CHRISTUS St. Michael Health System Statement:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) though the joint providership of CHRISTUS Trinity Mother Frances Health System and CHRISTUS St. Michael Health System. The CHRISTUS Trinity Mother Frances Health System is accredited by TMA to provide continuing medical education for physicians.

The CHRISTUS Trinity Mother Frances Health System designates this Live Activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*™. Participants should claim only the credit commensurate with the extent of their participation in the activity.

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