



AMA PRA Credit System

Frequently asked questions

General questions

1. When did the changes to the AMA PRA credit system resulting from the AMA/ACCME simplification and alignment go into effect?	1
2. Why do physicians need continuing medical education credit?	1
3. What does <i>AMA PRA Category 1 Credit™</i> represent?	1
4. For what purposes is <i>AMA PRA Category 1 Credit™</i> used?	1
5. What must an organization do in order to certify and award <i>AMA PRA Category 1 Credit™</i> for educational activities?	1
6. We are accredited by the ACCME and will be inviting European physicians to an upcoming conference. How can we let the European physicians know about the AMA agreement with the European Union of Medical Specialists?	1
7. What is certified CME?	2
8. How does a physician earn <i>AMA PRA Category 1 Credit™</i> ?	2
9. How does the AMA monitor compliance with the AMA PRA Credit System requirements?	2
10. What types of CME activities may be certified for <i>AMA PRA Category 1 Credit™</i> through an accredited CME provider?	2
11. How can a physician ensure that an activity is certified for <i>AMA PRA Category 1 Credit™</i> by an accredited CME provider?	3
12. How is <i>AMA PRA Category 1 Credit™</i> calculated for each activity format?	4
13. What is the distinction between <i>AMA PRA Category 1 Credit™</i> and <i>AMA PRA Category 2 Credit™</i> , and how might this be impacted with the new "Other" format?	4
14. What are the CME requirements for medical licensing?	5
15. What if my licensing board places a limit on the number of credits that can be used from specific types of activities?	5
16. Is there a central database of CME activities that are being offered by accredited CME providers?	5
17. How do physicians identify legitimate <i>AMA PRA Category 1 Credit™</i> activities?	5

Eligibility for credit

18. What content may be certified for <i>AMA PRA Category 1 Credit™</i> ?	6
19. Who can be awarded <i>AMA PRA Category 1 Credit™</i> ?	6
20. May a physician that is not licensed in the U.S. be awarded <i>AMA PRA Category 1 Credit™</i> ?	6
21. May non-physicians be awarded <i>AMA PRA Category 1 Credit™</i> ?	6
22. May physicians claim <i>AMA PRA Category 1 Credit™</i> more than once for the same activity?	7
23. May non-physicians receive documentation that states the amount of time they participated in a live activity?	7
24. What types of activities may not be claimed for AMA PRA credit?	7

Core requirements

25. What are the AMA core requirements to certify any activity for <i>AMA PRA Category 1 Credit™</i> ?	7
26. Can an activity be certified for <i>AMA PRA Category 1 Credit™</i> if it isn't developed as one of the AMA approved learning formats?	7
27. Core requirement No. 4: Does removing "in advance of participation in the activity" from the requirement mean the objectives do not have to be communicated in advance, or is that assumed?	8
28. Core requirement No. 4: Is the modification to "provide clear instructions on how to successfully complete the activity" meant to apply to all activities?	8
29. What is meant by an assessment of the learner that measures achievement of the educational purpose and/or objective of the activity? Does it mean that there must be something along the lines of a post-test type of assessment?	8
30. Does the revision to the assessment core requirement indicate that CME providers now have greater flexibility in designing their evaluation strategy?	8
31. Three AMA Council on Ethical and Judicial Affairs opinions were previously referenced in the "core requirements" — are these opinions equivalent to the AMA Code of Medical Ethics?	8
32. Core requirement No. 8: "Document credits claimed by physicians for a minimum of six years," was not included in the survey about the simplification and alignment. Does that mean it has been deleted?	8
33. What do accredited providers need to do to demonstrate compliance with the AMA's core requirements for <i>AMA PRA Category 1 Credit™</i> ?	8

Learning formats: General

34. Can an activity be certified for <i>AMA PRA Category 1 Credit™</i> if it isn't developed as one of the AMA approved learning formats?	8
35. For which activity types are there AMA format-specific requirements?	8
36. We want to address an identified practice gap using multiple educational formats. How do we determine the <i>AMA PRA Category 1 Credit™</i> for it and how do we inform the prospective audience?	9
37. Can I develop CME activities that do not fit into the AMA's established format categories?	9

Learning formats: Live activity

38. How do you determine the amount of credit for certified live activities that are not in one hour increments?.....	9
39. What if there are segments within an otherwise certified live activity that aren't planned in accordance with the requirements to be certified for <i>AMA PRA Category 1 Credit™</i> ?.....	9
40. May committee work be certified for <i>AMA PRA Category 1 Credit™</i> ?	10
41. Can an accredited CME provider certify a prepared course (i.e., ACLS, PALS, etc.) for <i>AMA PRA Category 1 Credit™</i> ?	10

Learning formats: Live activity, faculty credit

42. Can a physician earn <i>AMA PRA Category 1 Credit™</i> for teaching at a certified CME activity? If so, how much credit is earned for these activities?	10
43. Can a physician earn <i>AMA PRA Category 1 Credit™</i> for other types of teaching?.....	10
44. May an accredited CME provider award a faculty member <i>AMA PRA Category 1 Credit™</i> for preparing and presenting an original presentation at a live activity that it certifies for credit?.....	11
45. Is there another mechanism for a physician who serves as faculty to receive credit if a CME provider does not award credit for serving as faculty at their live <i>AMA PRA Category 1 Credit™</i> activities?	11
46. May a physician faculty member be awarded <i>AMA PRA Category 1 Credit™</i> for a live presentation outside the U.S. during a certified CME activity sponsored by an accredited CME provider?	11
47. May physicians be awarded credit if they prepare a presentation but do not actually do the presenting? If they present, but did not prepare the materials?	11
48. If a physician gives a one hour lecture more than once, how many credits may be claimed?	11
49. Can a physician earn CME credit for teaching at an activity that has not been certified for <i>AMA PRA Category 1 Credit™</i> ?.....	11
50. Are physicians able to earn <i>AMA PRA Category 1 Credit™</i> for learning associated with teaching medical students and residents?.....	11
51. What are the AMA eligibility and credit requirements for certifying a live activity for the learning associated with teaching medical students and residents?.....	12
52. What does the AMA mean when it states that the teaching must be verified by the UME and/or GME office?	12
53. Are there examples of forms or other documentation to help with certifying this as an <i>AMA PRA Category 1 Credit™</i> activity? ...	12
54. What should my activity file look like? Can you provide any guidance on meeting accreditation requirements?.....	13
55. What documentation is required from physicians?.....	13
56. Is there a maximum number of credits that can be awarded to a physician in a year with this type of activity?.....	13
57. What if my state licensing board places a limit on the number of credits for teaching medical students or residents that can be used for license renewal?.....	13
58. During the pilot for learning associated with teaching medical students and residents, the emphasis was on preparing for teaching by literature searching, cases, etc., but the AMA website references other types of teaching. Is all time spent teaching included? Does it include the time a student is with the preceptor in the office seeing patients?	14

59. A medical school utilizes a local community hospital as a teaching site for students. Both the medical school and the community hospital are accredited by either the ACCME or an ACCME-recognized state medical society. If a faculty member wants to utilize the new Learning from Teaching to earn <i>AMA PRA Category 1 Credit™</i> , should the paperwork be submitted through the school of medicine CME office, or from the CME office within the community hospital?	14
60. Can you provide examples of how to calculate credit for the learning associated with teaching medical students and residents?	14
61. May physicians claim <i>AMA PRA Category 1 Credit™</i> for teaching medical students and residents directly from the AMA?	15

Learning formats: Enduring materials

62. Are faculty eligible for <i>AMA PRA Category 1 Credit™</i> for enduring materials?	15
63. How is credit determined for an enduring material?	15
64. How is credit claimed for an enduring material?	15
65. Please define the intent for CME providers to “provide access” to bibliographic resources for enduring materials. For example, would providing a reference list/bibliography to learners be sufficient, or would direct access to those reference materials/bibliographic sources need to occur?	15
66. Do we understand correctly that enduring materials must now have both a pre-test and post-test with an analysis of the change?	15
67. Now that a graded post-activity assessment is no longer required for enduring materials, does this do away with the requirement for a minimum performance level?	16
68. If the post-activity assessment for enduring materials is deleted, how do we know if learners really participated?	16

Learning formats: Journal-based CME

69. Can a physician obtain <i>AMA PRA Category 1 Credit™</i> for reading articles published in a professional journal?	16
70. Can a physician obtain credit for reading articles that have not been certified for <i>AMA PRA Category 1 Credit™</i> in advance of publication?	16
71. What is meant by “peer-reviewed articles” for journal-based CME?	16
72. What about textbook-based or other non-journal materials?	16
73. Do these changes mean that CME providers no longer have to develop post-activity assessments for journal-based CME, which would also do away with the need for a minimum performance level?	16
74. Can a CME provider certify multiple peer-reviewed articles in a single issue of a journal?	16
75. With these changes, is credit for journal-based CME activities still one credit per article?	16
76. What is the difference between Journal-based CME and journal clubs?	17
77. How is credit determined for journal-based CME?	17
78. The simplified requirements state “include one or more peer-reviewed articles”; however, ACCME guidelines are that “each article is counted as one activity.” Can multiple peer-reviewed articles be considered one activity?	17

Learning formats: Test-item writing

79. Are there any format-specific requirements regarding test-item writing?	17
80. What is required for an accredited CME provider to certify a test-item writing activity?	17
81. Does this mean that writing questions for any type of quizzes/exams qualify under the “test-item writing” format?	17
82. This change will allow a broad set of accrediting bodies and CME providers to offer tangible incentives to faculty for developing well-crafted assessment questions. Ideally, test-item writing activities will be supported by training in best practices and involve a review process and, if warranted, an expectation that revisions will be reasonably made in response to feedback. Are there no requirements in this area?	17
83. If there are no longer any format-specific requirements, is the format title still used or is it considered “Other”?	18

Learning formats: Manuscript review

84. By removing all of the format-specific criteria for manuscript review, does this mean this is not a learning activity?	18
85. Does this mean the CME provider no longer needs to account for any of these things (learning format-specific requirements) in relation to manuscript review activities?	18
86. What if we, as a CME provider, think an oversight mechanism to evaluate the quality of the reviews should remain in place to award credit?	18

Learning formats: PI CME

87. What is considered to be an appropriate performance measure for a performance improvement (PI) CME activity?	18
88. What is a clinical performance measure?	18
89. What are “evidence-based” performance measures?	19
90. Where can developed performance measures be found that might be used in a PI CME activity?	
91. If performance measures do not currently exist for the clinical condition or patient care area that needs improvement, can an accredited CME provider develop performance measures to be used in a PI CME activity?	19
92. How many performance measures must be used in a PI CME activity?	19
93. What type of background information is required to enable physicians to identify the performance measures for a PI CME activity?	19
94. How many charts/patients/episodes of care have to be assessed during Stage A?	19
95. If our system captures the data that is to be used for Stage A, how would we involve physicians in Stage A?	19
96. Can a physician start a PI CME activity during Stage B or Stage C?	19
97. Could interventions used in Stage B of a PI CME activity include systems improvements such as record-keeping in the office or a tickler system for tracking patients needing the flu vaccine?	20
98. Does Stage C of PI CME imply a pre-/post-test analysis?	20

99. What is the typical length of each stage of the activity?	20
100. What is meant by “validate the depth of physician participation” in a PI CME activity?	20
101. If a physician completes a PI CME activity but determines that there is still room for improvement based on the data gathered in Stage C, can they extend the PI CME activity and earn additional credit?	20
102. Can just one physician participate in an activity, or does it have to be done in groups?.....	20
103. How does a physician get credit for working on a performance improvement initiative?	20
104. With respect to the prohibition against “retroactive approval,” how far along can a potential PI CME activity progress before a decision is needed on whether it should be certified for <i>AMA PRA Category 1 Credit™</i> ?	20
105. Are PI CME activities meeting the format specific requirements listed in the AMA PRA booklet still certified for 20 credits for completion of all three stages?.....	21
106. We understand that the PI CME format remains, but we assume that other performance/quality improvement activities are now permissible under this new flexible system. Is that correct?	21

Learning formats: Internet point-of-care

107. What’s the difference between “Internet point-of-care (PoC)” and unstructured online searching and learning?	21
108. What is the AMA’s expectation of accredited CME providers regarding the vetting of databases for use in “internet PoC”?.....	21
109. What will replace the “Internet PoC” format specific requirements to ensure active participation by the physician?	21

Learning formats: Other activity

110. How do I designate <i>AMA PRA Category 1 Credit™</i> for an activity that is designated as “Other”?.....	21
111. If formats will continue to be specified in the AMA Credit Designation Statement, how would an “Other” activity be listed?....	21

Designating and awarding credit

112. Does an activity have to be certified for <i>AMA PRA Category 1 Credit™</i> prior to the activity?	22
113. Did the simplification and alignment alter credit designation for existing formats?	22
114. Does the AMA place a limit on the amount of time physicians have to claim <i>AMA PRA Category 1 Credit™</i> after participation in an educational activity?	22
115. May providers award additional credit for time spent completing surveys/evaluations/ commitments to change, etc., that are not integrated with a certified CME activity, e.g., at three or six months?	22
116. Are there limits to the amount of <i>AMA PRA Category 1 Credit™</i> that physicians can earn during a year for specific learning formats, such as “Journal-based CME” or “Manuscript review”?	22

Credit designation statement

117. It seems that some of the format labels are being kept and others completely eliminated. How will this impact the credit designation statement provided to learners?.....	22
118. Do we still need to communicate to attendees about <i>AMA PRA Category 1 Credit™</i> ?	22
119. What is the correct AMA Credit Designation Statement?	22
120. What does the AMA mean when it says the credit designation statement should be listed separately from accreditation and other statements?.....	23
121. May accredited CME providers modify the required AMA Credit Designation Statement?.....	23
122. When must the AMA Credit Designation Statement be used?	23
123. What are the learning formats that must be included in the AMA Credit Designation Statement?	23
124. Why must we include the learning format in the AMA Credit Designation Statement?	24
125. We have a web page that lists several different CME activities. Is there a way to combine things into one credit designation statement?	24

Credit phrase

126. Must the credit phrase " <i>AMA PRA Category 1 Credit™</i> " always be italicized and include the trademark symbol?.....	24
---	----

Documentation requirements

127. How are CME credits tracked for physicians?	25
128. What documentation does a physician receive for participating in a certified CME activity provided by an accredited CME provider? How long must providers maintain participation records?	25
129. Must CME providers use specific language on certificates, transcripts or other documentation issued to physicians?.....	25
130. What elements must be included on documentation provided to participating physicians?.....	25
131. Is the AMA Credit Designation Statement required on certificates and/or transcripts?.....	26
132. If our organization produces both certificates and transcripts, must both of these include all of the required elements?	26
133. What are CME providers' responsibilities with regard to record keeping for AMA PRA credit?	26

AMA PRA Category 2 Credit™

134. What is <i>AMA PRA Category 2 Credit™</i> ?	26
135. May accredited CME providers certify activities for <i>AMA PRA Category 2 Credit™</i> ?.....	27

136. Does the AMA or an accredited CME provider issue certificates for participation in activities that may qualify for <i>AMA PRA Category 2 Credit™</i> ?	27
137. How do physicians claim <i>AMA PRA Category 2 Credit™</i> ?	27
138. How do physicians calculate how much <i>AMA PRA Category 2 Credit™</i> should be claimed?	27
139. What are the requirements for <i>AMA PRA Category 2 Credit™</i> ?	27
140. What activities may a physician claim for <i>AMA PRA Category 2 Credit™</i> ?	28

Direct credit

141. What are direct credit activities?	28
142. How does a physician claim <i>AMA PRA Category 1 Credit™</i> directly from the AMA?	29
143. When there are multiple authors of a peer-reviewed article in a journal included in the MEDLINE bibliographic database, which author can claim the <i>AMA PRA Category 1 Credit™</i> ?	29
144. Can a physician get CME credit for successful participation in a residency or fellowship program?	29
145. Can a physician get credit for certification, recertification or maintenance of certification (MOC®) with an ABMS member specialty board?	30

International activities

146. How can physicians earn <i>AMA PRA Category 1 Credit™</i> for attending international conferences?	30
147. If physicians attend a conference outside the U.S. or its territories that is accredited by the European Union for Medical Specialists' (UEMS) European Accreditation Council for Continuing Medical Education (EACCME®) and receive a certificate for European CME Credits (ECMEC®s), how do they convert this to <i>AMA PRA Category 1 Credit™</i> ?	31
148. If physicians attend a conference certified for Royal College MOC Credit, how do they convert this credit to <i>AMA PRA Category 1 Credit™</i> ?	31
149. If physicians receive a certificate for hours of participation in a conference certified for Qatar Council for Healthcare Practitioners (QCHP) CPD credit, how do they convert the hours of participation to <i>AMA PRA Category 1 Credit™</i> ?	31

AMA Physician's Recognition Award (PRA)

150. What is the AMA Physician's Recognition Award?	31
151. What are the requirements for the AMA Physician's Recognition Award?	31
152. What are the requirements for the AMA Physician's Recognition Award with Commendation?	32
153. Can other types of credit be used when applying for the AMA Physician's Recognition Award?	32

General questions

1. When did the changes to the AMA PRA credit system resulting from the AMA/ACCME simplification and alignment go into effect?

The changes became effective Sept. 29, 2017.

2. Why do physicians need continuing medical education credit?

Physicians use continuing medical education (CME) credit to demonstrate that they have participated in educational activities and obtained CME credit to document meeting the requirements of state medical boards, medical specialty societies, specialty boards, hospital medical staffs, the Joint Commission, insurance groups and others.

3. What does AMA PRA Category 1 Credit™ represent?

AMA PRA Category 1 Credit™ represents that the physician has participated in an educational activity, and completed all requirements for such an activity, that is expected to “serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession” as stated in the AMA’s definition of CME.

4. For what purposes is AMA PRA Category 1 Credit™ used?

The purposes for which AMA PRA Category 1 Credit™ is used include meeting CME requirements established by hospital credentialing bodies, state medical boards, medical specialty certifying boards, medical specialty societies, Joint Commission and other organizations. AMA PRA Category 1 Credit™ is the most commonly accepted form of CME credit for physicians and is also the basis for receiving the AMA Physician’s Recognition Award.

5. What must an organization do in order to certify and award AMA PRA Category 1 Credit™ for educational activities?

In order to certify activities for AMA PRA Category 1 Credit™ and award credit to physicians that complete the certified activities the organization must:

- a. Plan and implement educational activities that meet all of the AMA PRA core requirements, the format-specific requirements, if any, for the chosen AMA approved learning format, and the designating and awarding AMA PRA Category 1 Credit™ requirements (for information on these requirements refer to the AMA PRA [informational booklet](#)).
- b. Be accredited by either the Accreditation Council for Continuing Medical Education (ACCME) or an ACCME-recognized state medical society (SMS).

If your organization is not an accredited CME provider, you would either have to become accredited or work with an accredited CME provider in a joint-providership relationship. To learn more about becoming accredited and/or to find a list of accredited CME providers, please visit the [ACCME website](#).

6. We are accredited by the ACCME and will be inviting European physicians to an upcoming conference. How can we let the European physicians know about the AMA agreement with the European Union of Medical Specialists?

You should include the following language in your promotional materials:

The American Medical Association has an agreement of mutual recognition of Continuing Medical Education (CME) credits with the European Union of Medical Specialists (UEMS), the accreditation body for European countries. Physicians interested in converting AMA PRA Category 1 Credit™ to UEMS-European Accreditation Council for Continuing Medical Education CME credits (ECMEC®s) should contact the UEMS at mutualrecognition@uems.eu

Activities certified for AMA PRA Category 1 Credit™ that take place within a member country of the UEMS are not eligible for conversion to ECMEC®s under this agreement.

7. What is certified CME?

Certified CME is defined as:

- a. Non-promotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, **or**
- b. Non-promotional learning activities for which the credit system owner directly awards credit

Certified CME encompasses all activities certified for *AMA PRA Category 1 Credit™* by ACCME/SMS accredited CME providers, activities certified through the American Academy of Family Physicians (AAFP) or American Osteopathic Association (AOA) credit systems, and activities certified directly by the AMA for *AMA PRA Category 1 Credit™* or through one of the AMA's international agreements.

8. How does a physician earn *AMA PRA Category 1 Credit™*?

There are three ways for physicians to earn *AMA PRA Category 1 Credit™*:

- a. By participating in certified activities sponsored by CME providers accredited by either the Accreditation Council for Continuing Medical Education (ACCME) or an ACCME-recognized state medical society. Accredited CME providers are expected to ensure that activities certified for *AMA PRA Category 1 Credit™* meet all requirements of both the AMA and their accreditor.
- b. By participating in certain activities recognized by the AMA as valid educational activities. Physicians receive *AMA PRA Category 1 Credit™* for these activities (teaching at a live activity, publishing articles, poster presentations, medically related advanced degrees, American Board of Medical Specialties (ABMS) member board certification and MOC®, and Accreditation Council for Graduate Medical Education (ACGME) accredited education) directly from the AMA. More details can be found in question 142. [Further information](#) about qualifying activities can be found on the AMA website.
- c. By participating in certain international activities recognized by the AMA. Through its [International Conference Recognition Program](#), there are some international activities which the AMA directly certifies for *AMA PRA Category 1 Credit™*. Additionally, at this time the AMA has agreements with the [European Union of Medical Specialists](#), the [Royal College of Physicians and Surgeons of Canada](#) and the [Qatar Council for Healthcare Practitioners-Accreditation Department](#) for conversion of their CME credit to *AMA PRA Category 1 Credit™*. Visit the individual pages on the AMA website for more information.

Physicians may claim *AMA PRA Category 2 Credit™* for participation in educational activities not certified for *AMA PRA Category 1 Credit™* if the activity meets certain requirements. Please refer to the [AMA PRA booklet](#) for more information.

9. How does the AMA monitor compliance with the AMA PRA Credit System requirements?

The AMA monitors for compliance with AMA PRA credit system requirements through the ACCME/SMS accreditation self-study process, the investigation of complaints received and the review of information found in the public domain. Whenever warranted, the AMA will proceed with follow-up inquiries to ascertain and address compliance with AMA PRA credit system requirements. In most cases, the AMA is able to assist accredited CME providers with finding strategies that will bring their program and activities into compliance with AMA PRA standards.

The AMA reserves the right to withdraw an accredited CME provider's privilege to certify activities for *AMA PRA Category 1 Credit™*, regardless of accreditation status, should the accredited CME provider fail to bring the program and activities into compliance with AMA PRA policies.

10. What types of CME activities may be certified for *AMA PRA Category 1 Credit™* through an accredited CME provider?

The types of CME activities certified by U.S.-based accredited CME providers include the following:

- **Live activity**

Activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remotely as is the case of teleconferences or live internet webinars.

Faculty credit is a type of live activity for which physicians may earn *AMA PRA Category 1 Credit™*; there are two

types of faculty credit:

—Accredited CME providers may choose to certify a live activity to award *AMA PRA Category 1 Credit™* to their physician faculty to recognize the learning associated with preparation and teaching of an original presentation at the accredited CME provider's live activities that are certified for *AMA PRA Category 1 Credit™*. If the CME provider chooses not to offer faculty credit, physicians may claim this credit directly from the AMA.

—Accredited CME providers that are also accredited by either the Liaison Committee on Medical Education (for faculty teaching medical students) and/or the Accreditation Council for Graduate Medical Education (for faculty teaching residents/fellows) are eligible to certify a live activity that recognizes the learning associated with teaching medical students and residents. Physicians may not claim credit directly from the AMA for this type of faculty credit.

- **Enduring material**

An activity that endures over a specified time and does not have a specific time or location designated for participation; rather, the participant determines whether and when to complete the activity.

- **Journal-based CME**

An activity that is planned and presented by an accredited provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed, professional journal.

- **Test item writing**

An activity wherein physicians learn through their contribution to the development of examinations, or certain peer-reviewed self-assessment activities, by researching, drafting and defending potential test items.

- **Manuscript review**

Activity in which a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

- **Performance improvement CME (PI CME)**

An activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.

- **Internet point-of-care (PoC) learning (internet searching and learning)**

An activity in which a physician engages in self-directed, online learning on topics relevant to their clinical practice from a database whose content has been vetted by an accredited CME provider.

- **Other activity**

Accredited CME providers can introduce new instructional practices, as well as blend new and/or established learning formats appropriate to their learners and setting, as long as the activity meets all core requirements. Certified CME activities that do not fit within one of the established format categories must identify the learning format as "Other activity," followed by a short description of the activity in parentheses, in both the AMA Credit Designation Statement and on documentation provided to learners (certificates, transcripts, etc.).

All activities certified for *AMA PRA Category 1 Credit™* by an accredited CME provider must meet all requirements for one of the above learning formats as well as the AMA's core requirements for all activity formats.

11. How can a physician ensure that an activity is certified for *AMA PRA Category 1 Credit™* by an accredited CME provider?

Physicians can ensure an activity has been certified for *AMA PRA Category 1 Credit™* by locating the prescribed AMA Credit Designation Statement that accredited CME providers are required to use on promotional and activity materials. In 2006 the AMA asserted trademark protection on *AMA PRA* credit to help physicians ensure that the credit being designated for a particular activity is actually *AMA PRA Category 1 Credit™*.

The AMA Credit Designation Statement for all activities, except as described below, is as follows:

The «name of accredited CME provider» designates this «learning format» for a maximum of «number of credits»

AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For activities using the “Other” format, the format will be listed as “Other activity” followed by a short description of the activity in parentheses:

The «name of accredited CME provider» designates this other activity («short description») for a maximum of «number of credits» *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The live activity teaching medical students and residents requires a slightly different AMA Credit Designation Statement, as the number of credits will not be known in advance:

The «name of accredited CME provider» designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits™* per 1 hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Physicians can also ensure that the organization certifying the educational activity is an accredited CME provider by searching the lists of ACCME and state medical society accredited providers on the [ACCME website](#).

12. How Is *AMA PRA Category 1 Credit™* calculated for each activity format?

Summary Table of Instructions for Designating and Awarding *AMA PRA Category 1 Credit™**

* Full instructions on credit calculation/awarding can be found on pages 5–6 of the revised AMA PRA booklet.

Activity type	Credit	
	Calculating/designating	Claiming/awarding
Live activity	1 per hour (in 0.25 increments)	Participation time
Faculty (learning from teaching)	2-1 ratio to presentation time	Based on time spent teaching, using what was learned
Enduring material	1 per hour (in 0.25 increments)	Designated amount
Journal-based	1 per article	Designated amount
Test-item writing	10 per test	Designated amount
Manuscript review	3 per review	Designated amount
Performance improvement	20 per activity	20 for full activity, or 5 per stage if only complete A or A&B
Internet point-of-care	0.5 per question	Designated amount
Other activity	1 per hour (in 0.25 increments)	Designated amount

13. What is the distinction between *AMA PRA Category 1 Credit™* and *AMA PRA Category 2 Credit™*, and how might this be impacted with the new “Other” format?

The requirements to certify activities for *AMA PRA Category 1 Credit™* are outlined in the revised standards. *AMA PRA Category 2 Credit™* is still self-claimed and self-documented by physicians for activities not certified for *AMA PRA Category 1 Credit™* that physicians individually determine meet the criteria. Some activities that previously did not fit within approved AMA learning formats can now be certified for *AMA PRA Category 1 Credit™* using the “Other” format, provided that all AMA PRA core requirements and applicable ACCME requirements are met.

14. What are the CME requirements for medical licensing?

CME requirements for licensure and license renewal vary depending on the jurisdiction. The vast majority of U.S. state and territory medical boards (both allopathic and osteopathic) have mandatory CME requirements for license renewal. A majority of these boards will accept a current AMA PRA certificate or an AMA approved AMA PRA

application as documentation of meeting the CME requirements.

There is information about state CME requirements for license renewal on the [FSMB website](#), but physicians should contact the appropriate state medical board directly to get the most current information. The FSMB website also has a [list of state licensing boards](#).

15. What if my licensing board places a limit on the number of credits that can be used from specific types of activities?

Each entity that requires physicians to obtain CME credit can stipulate what will be accepted to meet that requirement. While the AMA doesn't place a limit on the number of credits that a physician can earn under any format, we do understand that there are state licensing board, certifying board and other regulations that physicians need to take into account.

As an example, the AMA, for the purpose of qualifying for the Physician's Recognition Award, does set maximums for some categories, i.e., physicians are limited to using 10 *AMA PRA Category 1 Credits™* obtained for teaching at live *AMA PRA Category 1 Credit™* activities per year of the award. These limits are in place to encourage physicians to participate in multiple modes of learning in order to further enhance their professional development. For a full list of the categories and limits per category, please refer to the [AMA PRA booklet](#).

16. Is there a central database of CME activities that are being offered by accredited CME providers?

There is no centralized listing of all certified CME activities. The AMA maintains a list of the certified CME activities that are directly sponsored by the AMA as an accredited CME provider. These AMA sponsored [CME opportunities](#) may be found on the AMA website.

Another way to identify potential CME activities would be to contact specialty societies, medical schools and area hospitals that are accredited CME providers to inquire about CME opportunities. The [ACCME](#) maintains a list of accredited CME providers on its website.

17. How do physicians identify legitimate *AMA PRA Category 1 Credit™* activities?

Physicians can identify legitimate *AMA PRA Category 1 Credit™* activities by making certain the activity is certified by an accredited CME provider. In the U.S., *AMA PRA Category 1 Credit™* may only be awarded by the AMA or by organizations accredited by either the Accreditation Council for Continuing Medical Education (ACCME) or an ACCME-recognized state medical society (SMS). Visit the [ACCME](#) website for a list of all currently accredited CME providers.

Accredited CME providers are required to have two statements on their promotional materials, one of which will state the source of their accreditation (ACCME or SMS). The other is the AMA Credit Designation Statement, which states the maximum number of *AMA PRA Category 1 Credits™* for which the activity has been certified. The AMA Credit Designation Statement for all activities except teaching medical students and residents is as follows:

The «name of accredited CME provider» designates this «learning format» for a maximum of «number of credits» *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The live activity teaching medical students and residents requires a slightly different AMA Credit Designation Statement, as the number of credits will not be known in advance:

The «name of accredited CME provider» designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits™* per 1 hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To help physicians identify legitimate *AMA PRA Category 1 Credit™* activities, the AMA requires accredited CME providers to trademark the credit phrase ("*AMA PRA Category 1 Credit™*"). If credit is not indicated in this manner, physicians should question whether the activity is in fact eligible for *AMA PRA Category 1 Credit™*.

Physicians should be aware that some non-accredited organizations advertise "Category 1 Credits" or "CME's offered"

but these may not be the same as “AMA PRA Category 1 Credits™”.

Eligibility for credit

18. What content may be certified for AMA PRA Category 1 Credit™?

The content of all activities certified for *AMA PRA Category 1 Credit™* must meet the AMA’s definition of CME and be appropriate in depth and scope for the intended physician audience. The AMA’s definition of CME is:

CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is the 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. (AMA HOD policy #300.988)

Accredited CME providers may certify nonclinical subjects (e.g., office management, patient-physician communications, faculty development) for *AMA PRA Category 1 Credit™* as long as these are appropriate to a physician audience and benefit the profession, patient care or public health.

CME activities may describe or explain complementary and alternative health care practices. As with any CME activity, these need to include discussion of the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform associated procedures, without scientific evidence or general acceptance among the profession that supports their efficacy and safety, cannot be certified for *AMA PRA Category 1 Credit™*.

In addition to ensuring that the content meets the AMA’s definition of CME, activities certified for *AMA PRA Category 1 Credit™* must also comply with all AMA PRA core, format-specific (if any) and credit requirements.

19. Who can be awarded AMA PRA Category 1 Credit™?

Only physicians are eligible to be awarded *AMA PRA Category 1 Credit™*. For the purpose of awarding and claiming AMA PRA credit, the AMA defines physicians as those individuals who have obtained an MD, DO or equivalent medical degree from another country. A list of equivalent medical degrees may be found on the website of the [Educational Commission for Foreign Medical Graduates](#). No other healthcare providers may be awarded *AMA PRA Category 1 Credit™*.

20. May a physician that is not licensed in the U.S. be awarded AMA PRA Category 1 Credit™?

Yes. *AMA PRA Category 1 Credit™* may be awarded to any physician (defined by the AMA as MDs, DOs, or international physicians with equivalent degrees from other countries). The requirements for awarding *AMA PRA Category 1 Credit™* to U.S. and non-U.S. licensed physicians are the same.

21. May non-physicians be awarded AMA PRA Category 1 Credit™?

No—non-physician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit™*. However, accredited CME providers may issue documentation of participation to non-physicians that states that the activity was certified for *AMA PRA Category 1 Credit™*. (See question 129 for additional information.)

AMA PRA Category 1 Credit™ may only be awarded to MDs or DOs (or physicians with equivalent degrees from other countries).

22. May physicians claim AMA PRA Category 1 Credit™ more than once for the same activity?

It is each physician’s ethical responsibility to only claim credit for activities in which they have learned something that will help their practice, i.e., physicians who complete PALS or ACLS on an annual basis and feel that it benefits their patient care to do so may claim credit for it each time.

23. May non-physicians receive documentation that states the amount of time they participated in a live activity?

Yes. Accredited CME providers may document the amount of time a non-physician participated in one of their live *AMA PRA Category 1 Credit™* activities. However, it should be listed as hours, not credits, as in the example below:

The «name of accredited CME provider» certifies that «name of non-physician participant» has participated in the live activity titled «title of activity» on «date». This activity was designated for «number of credits» *AMA PRA Category 1 Credits™*. «Name of non-physician participant» participated for «amount of time» hours.

24. What types of activities may not be claimed for AMA PRA credit?

CME credit may not be claimed for learning which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from:

- Clinical experience
- Charity or mission work
- Surveying
- Serving on a committee, council task force, board, house of delegates or other professional workgroup
- Passing examinations that are not integrated with a certified activity

Core requirements

25. What are the AMA core requirements to certify any activity for *AMA PRA Category 1 Credit™*?

1. The CME activity must conform to the AMA/ACCME definition of CME.
2. The CME activity must address an educational need (knowledge, competence or performance) that underlies the professional practice gaps of that activity's learners.
3. The CME activity must present content appropriate in depth and scope for the intended physician learners.
4. When appropriate to the activity and the learners, the accredited provider should communicate identified educational purpose and/or objectives for the activity, and provide clear instructions on how to successfully complete the activity.
5. The CME activity must utilize one or more learning methodologies appropriate to the activity's educational purpose and/or objectives.
6. The CME activity must provide an assessment of the learner that measures achievement of the educational purpose and/or objective of the activity.
7. The CME activity must be planned in accordance with the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM.

In addition, activities must comply with specific requirements for the AMA approved learning formats, if any, and the requirements for designating and awarding *AMA PRA Category 1 Credit™*.

26. Can an activity be certified for *AMA PRA Category 1 Credit™* if it isn't developed as one of the AMA approved learning formats?

No. All activities certified for *AMA PRA Category 1 Credit™* must meet all requirements for one of the eight AMA approved learning formats.

27. **Core requirement No. 4: Does removing "in advance of participation in the activity" from the requirement mean the objectives do not have to be communicated in advance, or is that assumed?**

Yes—objectives do not have to be communicated in advance. The accredited CME provider determines when and if it is appropriate to the activity and learners.

28. Core requirement No. 4: Is the modification to “provide clear instructions on how to successfully complete the activity” meant to apply to all activities?

Yes. The accredited CME provider determines when and if it is appropriate for the activity and learners.

29. What is meant by an assessment of the learner that measures achievement of the educational purpose and/or objective of the activity? Does it mean that there must be something along the lines of a post-test type of assessment?

No—CME providers must assess learners to measure achievement of the educational purpose and/or objective(s), but a test is not required. This requirement is aligned with the ACCME’s Criterion 11, so providers should continue to evaluate learners’ change in terms of competence, performance or patient outcomes using the mechanism they have determined is appropriate.

30. Does the revision to the assessment core requirement indicate that CME providers now have greater flexibility in designing their evaluation strategy?

Yes.

31. Three AMA Council on Ethical and Judicial Affairs opinions were previously referenced in the “Core requirements” — are these opinions equivalent to the AMA Code of Medical Ethics?

CEJA Opinions are part of the AMA Code of Medical Ethics. The AMA, along with many other professional organizations and some state licensing boards, continues to expect that physicians will abide by the Code of Ethics of the profession.

32. Core requirement No. 8: “Document credits claimed by physicians for a minimum of six years” was not included in the survey about the simplification and alignment. Does that mean it has been deleted?

No—requirements related to credit were not part of the AMA-ACCME alignment, and no changes have been made to them. This specific requirement can be found under “Requirements for Designating and Awarding *AMA PRA Category 1 Credit™*,” the fourth bullet in the first section “All activities, regardless of format.” See also “CME ACTIVITY AND ATTENDANCE RECORDS RETENTION” of the ACCME.

33. What do accredited providers need to do to demonstrate compliance with the AMA’s core requirements for *AMA PRA Category 1 Credit™*?

Because of the alignment between the AMA and the ACCME, accredited providers will demonstrate their compliance with the AMA’s core requirements by demonstrating compliance with the ACCME’s accreditation requirements.

Learning formats: General

34. Can an activity be certified for *AMA PRA Category 1 Credit™* if it isn’t developed as one of the AMA approved learning formats?

No—all activities certified for *AMA PRA Category 1 Credit™* must meet all requirements for one of the eight AMA approved learning formats.

35. For which activity types are there AMA format-specific requirements?

AMA format-specific requirements exist for enduring materials, journal-based CME, and PI-CME (for more detail, please see the “Certification of activities for *AMA PRA Category 1 Credit™* by accredited CME Providers” section in the updated AMA PRA booklet).

36. We want to address an identified practice gap using multiple educational formats. How do we determine the *AMA PRA Category 1 Credit™* for it and how do we inform the prospective audience?

This is often referred to as a “blended activity.” Accredited CME providers have always been able to develop an activity that combines more than one learning format, and promote it to physicians as a comprehensive program. While not new, the recent revisions to the AMA PRA credit system provide expanded opportunities in this area.

There are two options for how to inform the prospective audience:

- a. Use the “Other activity” format designation. Credit is calculated based on an estimate of the amount of time it will take the physician to complete the activity and awarded based on completion.

An example of the “Other activity” credit designation statement:

The ABC Hospital designates this Other activity (live activity component, enduring material component and other activity component «asynchronous discussion») for a maximum of 15.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- b. As before, identify the components of the activity and include separate credit designation statements for each format. Credit is calculated and awarded based on the standard for each format included, and each format would be listed on the certificate, transcript or other documentation provided to physician participants.

An example of how the credit designation statements would be listed:

The XYZ activity has three components: an Enduring material (self-study completed on your own time), a Live activity (the conference scheduled for xxxx date that will take place at xxxx), and an Other activity (an online, asynchronous discussion after the live activity). Physicians who complete all three parts can earn a maximum of 15.5 *AMA PRA Category 1 Credits™*.

The ABC Hospital designates this enduring material for a maximum of 10 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The ABC Hospital designates this live activity for a maximum of 5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The ABC Hospital designates this other activity (asynchronous discussion) for a maximum of 0.5 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

37. Can I develop CME activities that do not fit into the AMA's established format categories?

Yes—the AMA has expanded the types of activities for which *AMA PRA Category 1 Credit™* can be awarded to include “other.” The “other” format is used if an activity does not fall into one of the established AMA learning formats, but does meet all AMA core requirements and applicable ACCME requirements.

Learning formats: Live activity

38. How do you determine the amount of credit for certified live activities that are not in one hour increments?

The credit for live activities may be designated in 15-minute or 0.25 credit increments; rounded to the nearest quarter hour. Credit is only designated for the educational portions of an activity, i.e., time for breaks and lunches is not included when calculating credit.

39. What if there are segments within an otherwise certified live activity that aren't planned in accordance with the requirements to be certified for *AMA PRA Category 1 Credit™*?

There may be segments in a conference that is otherwise a certified CME activity that do not meet the requirements for *AMA PRA Category 1 Credit™*, e.g., segments that are promotional in nature, those targeted at non-physicians, or that do not meet the definition of CME. In such cases, accredited CME providers must clearly differentiate in activity materials between segments that are designated for *AMA PRA Category 1 Credit™* and those that are not.

40. May committee work be certified for *AMA PRA Category 1 Credit™*?

No—participation in the work of a committee does not qualify for *AMA PRA Category 1 Credit™*.

However, CME providers may structure a live learning activity that occurs during a committee meeting and certify that portion for *AMA PRA Category 1 Credit™*. The AMA/ACCME shared glossary offers this definition for committee

learning: “A live CME activity that involves a learner’s participation in a committee process addressing a subject that would meet the AMA/ACCME definition of CME if it were taught or learned in another format.”

As an example, a CME Committee may need to be educated about revisions to AMA requirements in order to perform the task of certifying activities for AMA PRA credit. An educational session to meet this need can be developed following all the requirements for any live activity certified for *AMA PRA Category 1 Credit™*. This educational portion of the meeting may be certified for credit, but the work of the committee involved in certifying activities using the updated requirements would not be eligible for credit.

When certifying committee education for *AMA PRA Category 1 Credit™*, a provider must comply with all of the core, format and credit requirements for certifying a live activity for *AMA PRA Category 1 Credit™*.

41. Can an accredited CME provider certify a prepared course (i.e., ACLS, PALS, etc.) for AMA PRA Category 1 Credit™?

Yes. ACLS and similar forms of training that are at a depth and scope for a physician audience may be certified for *AMA PRA Category 1 Credit™* by an accredited CME provider. The provider is still required to document that all of the core, format-specific, if any, and credit requirements for certifying the activity have been met.

Learning formats: Live activity, faculty credit

42. Can a physician earn AMA PRA Category 1 Credit™ for teaching at a certified CME activity? If so, how much credit is earned for these activities?

Yes—physicians may earn *AMA PRA Category 1 Credit™* for the learning that occurs in the preparation and teaching of an *original* presentation at a live activity certified for *AMA PRA Category 1 Credit™*. There are two ways physicians may obtain this credit:

- a. The physician can apply directly to the AMA (processing fee involved; [click here](#) for more information)
- b. The accredited CME provider may develop Faculty credit as a CME activity and award *AMA PRA Category 1 Credit™* to the faculty of their live activities for the learning associated with the preparation and teaching of an original presentation if they meet all AMA PRA requirements.

To calculate the number of *AMA PRA Category 1 Credits™* earned as faculty:

- Physician faculty may claim credit based on a 2-1 ratio to presentation time. For example, faculty may be awarded 2 *AMA PRA Category 1 Credits™* for a one-hour presentation or 1.5 *AMA PRA Category 1 Credits™* for a 45-minute presentation for sessions that were designated for *AMA PRA Category 1 Credit™*. Credit should be rounded to the nearest one-quarter credit.
- Credit may only be claimed once for an original presentation; credit may not be claimed for subsequent presentations of the same material.
- Physician faculty may not claim credit as a participant for their own presentations; however, they may claim credit for other segments they attend as a participant at a certified live activity.

43. Can a physician earn AMA PRA Category 1 Credit™ for other types of teaching?

Physicians are now able to earn *AMA PRA Category 1 Credit™* for the learning associated with teaching medical students and residents if the accredited CME provider is also accredited by the LCME and/or ACGME, and the activity is certified for *AMA PRA Category 1 Credit™* in advance of physician participation. Please refer to [additional information](#) regarding this type of live activity. Physicians may not claim this credit directly from the AMA.

44. May an accredited CME provider award a faculty member AMA PRA Category 1 Credit™ for preparing and presenting an original presentation at a live activity that it certifies for credit?

Yes. Accredited CME providers may certify a live activity to award *AMA PRA Category 1 Credit™* to their physician faculty for original presentations at live *AMA PRA Category 1 Credit™* activities. This recognizes the learning associated with the preparation and teaching of an original presentation.

Credit is awarded to physician faculty for a live activity that is certified for *AMA PRA Category 1 Credit™* in the following manner:

- Physician faculty may be awarded credit based on a 2-to-1 ratio to presentation time. For example, faculty may be awarded 2 *AMA PRA Category 1 Credits™* for an original one-hour presentation or 1.5 *AMA PRA Category 1 Credits™* for an original 45-minute presentation for sessions that were designated for *AMA PRA Category 1 Credit™*. Credit should be rounded to the nearest one-quarter credit.
- Credit may only be claimed once for an original presentation; credit may not be claimed for subsequent presentations of the same material.
- Physician faculty may not claim credit as a participant for their own presentations; however, they may claim credit for other segments they attend as a participant at a certified live activity.

45. Is there another mechanism for a physician who serves as faculty to receive credit if a CME provider does not award credit for serving as faculty at their live *AMA PRA Category 1 Credit™* activities?

Yes—a physician who prepares and presents an original presentation at a live activity that has been certified for *AMA PRA Category 1 Credit™* may apply directly to the AMA for credit if the accredited CME provider for the activity did not award faculty credit. [Information about direct credit](#) can be found on the AMA website.

46. May a physician faculty member be awarded *AMA PRA Category 1 Credit™* for a live presentation outside the U.S. during a certified CME activity sponsored by an accredited CME provider?

Yes. If the CME provider is accredited by the ACCME or an ACCME-recognized state medical society, the location of the activity has no bearing on the credit given to faculty or learners. These activities have the same requirements as if the activity took place within the United States.

47. May physicians be awarded credit if they prepare a presentation but do not actually do the presenting? If they present, but did not prepare the materials?

No. Faculty credit is a two-part process. The physician must learn in the process of preparing the original material and present it in order to be awarded faculty credit.

48. If a physician gives a one-hour lecture more than once, how many credits may be claimed?

Provided the live activity itself is certified for 1.0 *AMA PRA Category 1 Credit™*, the physician may only claim 2.0 *AMA PRA Category 1 Credits™* as faculty the first time the presentation is given. The credit is for the learning that occurs as the physician prepares the lecture, and may only be claimed once regardless of the number of times it is repeated.

49. Can a physician earn CME credit for teaching at an activity that has not been certified for *AMA PRA Category 1 Credit™*?

Non-promotional teaching of health care professionals at a live activity that has not been certified for *AMA PRA Category 1 Credit™* may be self-claimed and documented as *AMA PRA Category 2 Credit™* if the physician individually determines that it meets the requirements (see *AMA PRA Category 2 Credit™* for more information). Promotional activities are not eligible for AMA credit.

50. Are physicians able to earn *AMA PRA Category 1 Credit™* for learning associated with teaching medical students and residents?

Yes. In March of 2013 the AMA Council on Medical Education approved teaching medical students and residents as a type of live activity that can be certified for *AMA PRA Category 1 Credit™*. The credit is to recognize the learning that occurs as physicians prepare to teach, but the credit is calculated based on the time spent using what was learned in the preparation phase. More information can be found on the [AMA website](#) and in the [AMA PRA booklet](#).

A key concept is that the CME credit being discussed is for learning, learning that is used to teach, not credit for teaching. If there is no learning, or the learning is not used to teach, then it is not appropriate for physicians to claim credit. CME credit is not a reward or payment, it is a recognition/acknowledgement/metric intended to note that the physician has engaged in an educational activity which serves to maintain, develop, or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public or the profession.

51. What are the AMA eligibility and credit requirements for certifying a live activity for the learning associated with teaching medical students and residents?

Accredited CME providers that are also accredited by either the LCME (for faculty teaching medical students) and/or the ACGME (for faculty teaching residents/fellows) are eligible to certify a live activity that recognizes the learning associated with teaching medical students and residents. Organizations that are LCME- and/or ACGME-accredited may work in a joint-providership relationship with a CME provider accredited through the ACCME system to certify this type of live activity for *AMA PRA Category 1 Credit™*.

Designating and awarding credit for participation in this type of live activity:

- Credit for faculty is calculated on a 2-1 ratio to time spent teaching what was learned in preparation for it, rounded to the nearest quarter credit.
- Credit should only be awarded for teaching that is verified by the UME and/or GME office.
- In addition to the institution being ACGME accredited, the residency/fellowship program itself must also be ACGME accredited in order for faculty to be awarded *AMA PRA Category 1 Credit™* for the learning associated with teaching residents/fellows in that program.
- Physicians may claim credit for a variety of interactions if they learned something in preparation for those interactions. Types of teaching activities include, but are not limited to, formal presentations to medical students, residents; review of cases, clinical problems; supervising clinical or simulated activities; instruction on clinical or other skills; assessing learner performance (clinical or simulation settings); mentoring QI or PI projects; and mentoring of scholarly activities.

As with any activity certified for *AMA PRA Category 1 Credit™*, this type of live activity must also meet all of the AMA core requirements, in addition to the credit designation requirements listed above.

Due to the nature of faculty credit for teaching medical students and residents/fellows, the standard credit designation statement needed adjustment as the number of credits will not be known in advance. The following credit designation statement should be used in its place for this type of activity only:

The «name of accredited CME provider» designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits™* per 1 hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

52. What does the AMA mean when it states that the teaching must be verified by the UME and/or GME office?

There must be a mechanism for the UME and/or GME office(s) to verify that physicians actively teach medical students and/or residents during the time period for which the activity is certified for credit. A list of all faculty members is not sufficient if it includes physicians who have participated as faculty at some point in time, but not necessarily during the time period of the activity.

53. Are there examples of forms or other documentation to help with certifying this as an *AMA PRA Category 1 Credit™* activity?

The AMA does not require that any specific form be used.

Learning from the preparation for teaching medical students and residents is similar to the other type of faculty credit where, as noted on page 5 of the [AMA PRA booklet](#), accredited CME providers may also award *AMA PRA Category 1 Credit™* to their physician faculty to recognize the learning associated with the preparation and teaching of an original presentation at the accredited CME provider's live activities that are certified for *AMA PRA Category 1 Credit™*. That particular type of faculty credit has been available for providers to award since 2006. Forms and documentation used for that type of live activity may also assist you with the documentation required for the learning associated with teaching medical students and residents.

54. What should my activity file look like? Can you provide any guidance on meeting accreditation requirements?

Accreditation requirements are not within the purview of the AMA to address. However, the ACCME has information on its website related to Learning from Teaching:

- [Simplifying Faculty Development in Accredited CME worksheet](#)
- [Tips for Applying the Learning from Teaching Requirements](#)

55. What documentation is required from physicians?

From the AMA's perspective, physicians must claim credit appropriate to the time spent teaching what they learned in preparation for it. Since physicians must have learned in order to claim credit, and they are self-directed in their learning in this particular format, there must be some way of capturing that they do so. Please contact your accreditor to determine what documentation requirements they may have.

56. Is there a maximum number of credits that can be awarded to a physician in a year with this type of activity?

The AMA has not set a limit on the number of *AMA PRA Category 1 Credits™* a physician may earn for this type of CME activity; the AMA has not set limits for any of the approved learning formats. If there is demonstrated learning involved, then the credit remains legitimate and appropriate regardless of the number. Licensing boards, other consumers of credit and CME providers may set limits if they so choose. As an example, the AMA, for the purpose of qualifying for the Physician Recognition Award, does set maximums for some categories in an effort to encourage physicians to participate in multiple modes of learning in order to further enhance their professional development.

57. What if my state licensing board places a limit on the number of credits for teaching medical students or residents that can be used for license renewal?

Each entity that requires physicians to obtain CME credit can stipulate what will be accepted to meet that requirement. While the AMA doesn't place a limit on the number of credits that a physician can earn under any format, we do understand that there are state licensing board, certifying board, and other regulations that physicians need to take into account.

As an example, the AMA, for the purpose of qualifying for the Physician's Recognition Award, does set maximums for some categories, i.e., physicians are limited to using 10 *AMA PRA Category 1 Credits™* obtained for teaching at live *AMA PRA Category 1 Credit™* activities per year of the award. These limits are in place to encourage physicians to participate in multiple modes of learning in order to further enhance their professional development. For a full list of the categories and limits per category, please see page 12 of the [AMA PRA booklet](#).

For specific information on what limits your state licensing board may have in place, please contact the licensing board directly.

58. During the pilot for learning associated with teaching medical students and residents, the emphasis was on *preparing* for teaching by literature searching, cases, etc., but the [AMA website](#) references other types of teaching. Is all time spent teaching included? Does it include the time a student is with the preceptor in the office seeing patients?

The emphasis is the same. The phrase "preparation and teaching" means that the learning is taking place in the preparation stage for the purpose of teaching. Neither preparation nor teaching, by itself, is sufficient for the purpose of claiming CME credit. The time spent with the student, utilizing what they (the faculty) learned, is the metric used for determining credit. If the physician does not prepare to teach, and therefore does not learn anything, spending time with students or residents by itself is not sufficient to receive credit. Bottom line, if there is no learning that can be identified in the preparation stage, there is no credit for spending time with students or residents. This is similar

to the concept of CME credit for faculty at *AMA PRA Category 1 Credit™* activities that has been in place for CME providers since 2006.

As an example, let's say a physician has students and/or residents in his or her office and sets some time aside for discussion of a topic related to a special interest on the part of the student, or to a patient seen at a previous visit. If the physician spends time preparing for that conversation by researching the topic and learns in the process, then the physician can claim credit under this new guidance for the time spent discussing that with the student/resident. Physicians may not claim credit for students following them around and observing for several hours, or for providing the students with feedback on the way to conduct an interview or perform a part of the physical exam if it is all based on accumulated experience over the years.

59. A medical school utilizes a local community hospital as a teaching site for students. Both the medical school and the community hospital are accredited by either the ACCME or an ACCME-recognized state medical society. If a faculty member wants to utilize the new Learning from Teaching to earn *AMA PRA Category 1 Credit™*, should the paperwork be submitted through the school of medicine CME office, or from the CME office within the community hospital?

It should be submitted through the school of medicine. The guidance for this format states that the activity "Be certified by an institution that, in addition to being an accredited CME provider (or working in joint sponsorship with an accredited CME provider), is accredited by the LCME (to certify teaching medical students), the ACGME (to certify teaching residents/fellows) or both." The concept is that faculty is working in an academic environment that is supportive of their role as faculty. The option for a joint sponsor is a recognition by the AMA Council on Medical Education that new medical schools, and perhaps some hospitals accredited by the ACGME, may not be accredited CME providers.

Since, as stated in the guidance, "*AMA PRA Category 1 Credit™* should only be awarded for teaching that is verified by the UME and/or GME office," if faculty is doing clinical teaching of students and is also teaching residents in other occasions at the same institution, and the UME and GME programs are sponsored by different CME providers, then the credits will have to be processed by the appropriate CME provider. CME credit associated with teaching medical students is to be awarded by the CME provider accredited by LCME and CME credit associated with teaching residents/fellows is to be awarded by the CME provider accredited by the ACGME. If a faculty member teaches medical students and residents together, it should be made very clear that they can only claim credit through one of the programs. Since when students and residents are together it is because the vast majority of the time the students are added to the resident's activities and not the other way around, it would seem that the CME provider accredited for the GME program should be the one responsible for the CME credit.

60. Can you provide examples of how to calculate credit for the learning associated with teaching medical students and residents?

There are two steps needed for physicians to claim *AMA PRA Category 1 Credit™* for learning associated with teaching medical students and residents. The first step is that there must be learning involved in the preparation for teaching (although preparation time is not included when calculating the number of credits). The second step is for physicians to document the time spent teaching, using what was learned in the preparation phase. Credit is then calculated based on a 2-1 ratio of the time the physician spends teaching in the second step. Here are some examples:

- a. A physician prepares a one-hour lecture for a group of residents. This is the first time this lecture will be given, and the physician does some research and other learning in order to prepare the lecture. The physician may claim two *AMA PRA Category 1 Credits™* because one hour was spent teaching residents based on the learning that took place.
- b. A physician has a one-hour session with a resident to teach how to appropriately perform a physical exam, and will give feedback to the resident after observing the resident in action. The faculty member has taught how to perform the physical exam many times, and doesn't need to do any additional preparation for that part of the session, but seeks out information about effective methods for giving feedback. The physician then spends 15 minutes of the one-hour session giving feedback to the resident. The physician may claim 0.5 *AMA PRA Category 1 Credits™* because .25 hours was spent providing feedback to the resident using the tools and techniques learned in preparation for the activity.
- c. A physician teaches students how to perform a procedure, and has done so many times in the past. The faculty

member does not need to do any additional preparation this time around, and is able to handle all of the student questions based on accumulated experience over the years. As there was no additional learning involved on the part of the faculty member, it would not be appropriate to claim *AMA PRA Category 1 Credit™* in this instance.

61. May physicians claim *AMA PRA Category 1 Credit™* for teaching medical students and residents directly from the AMA?

No—physicians may not claim *AMA PRA Category 1 Credit™* for teaching medical students and residents directly from the AMA. This type of live activity must be certified for *AMA PRA Category 1 Credit™* by an accredited CME provider.

Learning formats: Enduring materials

62. Are faculty eligible for *AMA PRA Category 1 Credit™* for enduring materials?

No—the AMA has not approved the awarding of *AMA PRA Category 1 Credit™* for serving as faculty/author for enduring materials. A physician may choose to claim *AMA PRA Category 2 Credit™* for other types of teaching or for medical writing if he/she determines that it meets the requirements. See the [AMA PRA booklet](#) for more information on *AMA PRA Category 2 Credit™*.

63. How is credit determined for an enduring material?

Credit designation for each enduring material must be determined by a mechanism developed by the accredited CME provider to establish a good faith estimate of the amount of time a physician who is part of the intended audience will take to complete the activity, such as the average time it takes a small sample group of the target audience to complete the material. While other methods may be used to estimate the average time, the resulting amount of credit should be the same as what would be achieved by the small sample group method. Credit is designated in 15-minute or 0.25 credit increments; accredited CME providers must round to the nearest quarter hour.

64. How is credit claimed for an enduring material?

Physicians who complete the enduring material may claim the full amount of credit designated for the activity, regardless of the amount of time it took the physician to complete the activity.

65. Please define the intent for CME providers to “provide access” to bibliographic resources for enduring materials. For example, would providing a reference list/bibliography to learners be sufficient, or would direct access to those reference materials/bibliographic sources need to occur?

There are several ways this could be accomplished. Providing a reference list/bibliography would be sufficient, as would including the reference with the relevant activity material. CME providers do not have to provide direct access to the source materials.

66. Do we understand correctly that enduring materials must now have both a pre-test and post-test with an analysis of the change?

No—there is no requirement for a pre- and post-test for enduring materials. As with all CME activities, the accredited provider must evaluate changes in learners achieved as a result of the activity, which is aligned with ACCME's Criterion 11. So, you may continue to use whatever evaluation mechanisms you choose to measure learner change.

67. Now that a graded post-activity assessment is no longer required for enduring materials, does this do away with the requirement for a minimum performance level?

Yes—although CME providers may continue to require a graded post-activity assessment with minimum performance level if they feel it adds value.

68. If the post-activity assessment for enduring materials is deleted, how do we know if learners really participated?

Accredited CME providers must have a process in place to determine who participated in the activity to appropriately award *AMA PRA Category 1 Credits™*. Enduring materials are no different, and a provider needs to know whether the

physician engaged in the activity. It is up to the provider to determine the appropriate way to meet this requirement.

Learning formats: Journal-based CME

69. Can a physician obtain AMA PRA Category 1 Credit™ for reading articles published in a professional journal?

Yes—a physician may obtain *AMA PRA Category 1 Credit™* for reading a peer-reviewed article, but only if the article has been planned as a learning activity and certified for credit by an accredited CME provider prior to publication.

70. Can a physician obtain credit for reading articles that have not been certified for AMA PRA Category 1 Credit™ in advance of publication?

For articles that have not been certified for *AMA PRA Category 1 Credit™* by an accredited CME provider, physicians may claim *AMA PRA Category 2 Credit™* if they individually determine that it meets the requirements. Please refer to information on *AMA PRA Category 2 Credit™* for more information.

71. What is meant by “peer-reviewed articles” for journal-based CME?

Peer review is defined by the International Committee of Medical Journal Editors as “the critical assessment of manuscripts submitted to journals by experts who are usually not part of the editorial staff.”

The basis of the peer-review process is the acceptance of written investigational findings from an author or group of authors that are then forwarded to a group of experts (referees) in the field for assessment of their quality, accuracy, relevance, and novelty (Shuttleworth, 2009 as cited in Mayden, K, “Peer Review: Publication’s Gold standard,” *J Adv Pract Oncol*, 2012 Mar-Apr; 3(2): 117-122).

72. What about textbook-based or other non-journal materials?

Textbook-based materials do not fit the definition for Journal-based CME. A provider could certify it as an Enduring Material if it fits that definition. However, if it does not fit that definition, yet meets all of the AMA core requirements and applicable ACCME requirements, the activity could be certified for *AMA PRA Category 1 Credit™* using the “Other” Learning Format.

73. Do these changes mean that CME providers no longer have to develop post-activity assessments for journal-based CME, which would also do away with the need for a minimum performance level?

Yes. CME providers are no longer required to develop a graded post-activity assessment or the associated minimum performance level, although they may continue to do so if they feel it adds value.

74. Can a CME provider certify multiple peer-reviewed articles in a single issue of a journal?

Yes—multiple peer-reviewed articles can be certified per issue. *AMA PRA Category 1 Credit™* is claimed and awarded on a per-article basis.

75. With these changes, is credit for journal-based CME activities still one credit per article?

Yes.

76. What is the difference between Journal-based CME and journal clubs?

A Journal-based CME activity is a certified CME activity in which an article, within a peer-reviewed, professional journal is certified for *AMA PRA Category 1 Credit™* prior to the publication of the journal. Each article is designated for one (1) *AMA PRA Category 1 Credit™*.

A journal club is a meeting or conference structured around the discussion of a published journal article(s) that does not have to be certified as journal-based CME. Generally, physicians will read the article(s) prior to the activity and discuss the article(s) during the journal-club meeting. If the journal club meets all AMA core requirements, as well as credit designation requirements, the activity may be certified for *AMA PRA Category 1 Credit™* for the discussion and

learning that occurs at the live activity, not for reading the article(s). The accredited CME provider must comply with all core and credit designation requirements in order to certify the activity for *AMA PRA Category 1 Credit™*.

77. How is credit determined for journal-based CME?

Accredited CME providers must designate individual articles certified as journal-based CME for one (1) *AMA PRA Category 1 Credit™*. The credit for this type of activity is value-based rather than time based. If a CME provider wishes to designate journal-based CME for a different amount of credit, then it must be designed as an enduring material instead of journal-based CME and must comply with all requirements for an enduring material.

78. The simplified requirements state “include one or more peer-reviewed articles;” however, ACCME guidelines are that “each article is counted as one activity.” Can multiple peer-reviewed articles be considered one activity?

Yes—providers have the flexibility to plan/present journal-based CME as one or more peer-reviewed articles. The ACCME will be modifying its PARS reporting instructions to allow this flexibility.

Learning formats: Test-item writing

79. Are there any format-specific requirements regarding test-item writing?

No—as with any activity, it must meet all AMA PRA core requirements. If the activity meets the definition, *AMA PRA Category 1 Credit™* is awarded as described in the “Requirements for Designating and Awarding *AMA PRA Category 1 Credit™*” section of the PRA booklet.

80. What is required for an accredited CME provider to certify a test-item writing activity?

The following are required in order for an accredited CME provider to certify a test-item writing activity and award credit to physician participants:

- The activity must have been developed to meet all of the AMA PRA core requirements
- The activity must have been developed to meet all the requirements for designating credit for this format.

81. Does this mean that writing questions for any type of quizzes/exams qualify under the “test-item writing” format?

Yes.

82. This change will allow a broad set of accrediting bodies and CME providers to offer tangible incentives to faculty for developing well-crafted assessment questions. Ideally, test-item writing activities will be supported by training in best practices and involve a review process and, if warranted, an expectation that revisions will be reasonably made in response to feedback. Are there no requirements in this area?

AMA PRA Category 1 Credit™ is not to be offered as an incentive. *AMA PRA Category 1 Credit™* recognizes the participation in “educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession.”

While there are no specific requirements in this area, training in best practices and involvement in a review process and, if warranted, an expectation that revisions will be reasonably made in response to feedback can certainly enhance the educational experience as well as improve the questions being written. An accredited CME provider can choose to include them as part of a test-item writing activity certified for credit.

83. If there are no longer any format-specific requirements, is the format title still used or is it considered “Other”?

Provided all AMA PRA Core Requirements and applicable ACCME requirements are met, and if the activity fits within the format definition, the format “Test-item writing” would be used.

Learning formats: Manuscript review

84. By removing all of the format-specific criteria for manuscript review, does this mean this is not a learning activity?

No—reviewing a manuscript of a journal article or an AHRQ (Agency for Healthcare Research and Quality) report to decide whether it merits publication and improve the content prior to its publication has been, and can still be, an educational activity. A physician can learn through critical review of an assigned manuscript, particularly when it is at a depth and scope that requires a review of the literature and a knowledge of the evidence base for the manuscript reviewed.

85. Does this mean the CME provider no longer needs to account for any of these things (learning format-specific requirements) in relation to manuscript review activities?

Yes. The CME provider does not need to account for any of the manuscript review requirements that have been deleted as long as the activity meets the manuscript review definition as outlined in the AMA PRA booklet. The CME provider is free to retain some or all of the deleted requirements in the development of their activities if the provider believes these add educational value to the activity.

86. What if we, as a CME provider, think an oversight mechanism to evaluate the quality of the reviews should remain in place to award credit?

The CME provider is able to maintain an oversight mechanism to evaluate the quality of reviews and use it to award credit. The practice provides feedback to the learner and helps to improve their skills. Some CME providers contribute to the reviewer's development by sharing, anonymously, the report of other reviewers in combination with the evaluation.

Learning formats: PI CME

87. What is considered to be an appropriate performance measure for a performance improvement (PI) CME activity?

Accredited CME providers must identify appropriate performance measures that are relevant to the practice of the physician learners, and have in place an oversight mechanism that assures content integrity of the measures selected. If appropriate, these measures should be evidence-based and well designed. Evidence-based performance measures are defined by the Institute of Medicine as “a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion.” A fully developed performance measure will have three parts: a) numerator statement, b) denominator statement, and c) a list of any denominator exclusions. The performance measures for PI CME activities must address a facet of the physician's practice with direct implication for patient care.

88. What is a clinical performance measure?

“A clinical performance measure is a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion” (Institute of Medicine, 2000). However, not all performance measures used in PI CME need be clinical in nature. They may also address the structure, processes, or outcomes of the clinical setting (physician practice, hospital, etc.) with direct implications for patient care.

89. What are “evidence-based” performance measures?

Evidence-based medicine is “the integration of best research evidence with clinical expertise and patient values.” (Sackett DL, Strauss SE, Richardson WS, et al. *Evidence-based medicine: How to practice and teach EBM*. Second edition. London: Churchill Livingstone; 2000). Evidence-based performance measures are those that are developed by adhering to the best research evidence, clinical expertise in the case of a clinical measure and patient values.

90. Where can developed performance measures be found that might be used in a PI CME activity?

For many common health problems, evidence-based performance measures have already been developed by several organizations and are available for use. One such organization, the [PCPI](#), has developed measures and worksheets for

many clinical conditions. Royalty-free permission is available to CME providers to use these measures. Performance measures are also available from the [National Committee for Quality Assurance](#), [National Quality Measures Clearinghouse](#), [CMS Quality Payment Program Resource Library](#), and [The Joint Commission](#).

91. If performance measures do not currently exist for the clinical condition or patient care area that needs improvement, can an accredited CME provider develop performance measures to be used in a PI CME activity?

Yes. Accredited CME providers may develop a performance measure if one does not already exist for the clinical condition or patient care area that needs improvement. Key points to remember are that, if appropriate, they should be evidence-based and well designed, with clearly specified required data elements for feasible data collection; address something with direct implication for patient care; and the numerical expression of the measurement must be developed to include well-defined numerator and denominator statements, and identify any denominator exclusions.

Ideally you would have the measures vetted by an individual or group that has expertise in performance measures.

92. How many performance measures must be used in a PI CME activity?

The AMA does not specify how many performance measures must be used in a PI CME activity; the number of measures would depend on the purpose of the activity, the identified clinical condition or patient care area that needs improvement, the physician's practice and the patient population. Accredited CME providers may develop a PI CME activity around one or more measures. However, the higher the number of measures, the more complex the activity becomes.

93. What type of background information is required to enable physicians to identify the performance measures for a PI CME activity?

The AMA has maintained the format-specific requirements for PI-CME activities, which are contained in their entirety in the "Certification of activities for *AMA PRA Category 1 Credit*[™] by accredited CME providers" section of the updated AMA PRA booklet. It is up to the provider to identify appropriate performance measures that are relevant to the practice of the physician learners and to have in place an oversight mechanism that assures content integrity of the selected performance measures.

94. How many charts/patients/episodes of care have to be assessed during Stage A?

This is determined by the accredited CME provider but should be sufficient to gather a good sampling of data.

95. If our system captures the data that is to be used for Stage A, how would we involve physicians in Stage A?

Physicians could analyze the data compared to their perceived performance. It is also a good idea to provide physicians with reference/comparison data from larger populations, such as regional, state and/or national to determine where they fall within that spectrum. Physicians also need to be involved in analyzing the data to determine where improvements can/should be made.

96. Can a physician start a PI CME activity during Stage B or Stage C?

No. Physicians must start a PI CME activity with Stage A. This ensures that a physician has done an assessment of his/her practice to determine the baseline performance that will be reassessed in Stage C. However, there may be times when a PI CME activity will be extended beyond one cycle; please see question 101.

97. Could interventions used in Stage B of a PI CME activity include systems improvements such as record-keeping in the office or a tickler system for tracking patients needing the flu vaccine?

Yes. Stage B of the PI CME activity can, and often will, include a variety of different interventions intended to improve performance, depending on the performance measure(s) addressed and identified need for improvement of the participants. Examples of interventions include developing a tickler file to remind staff to give the flu vaccine to appropriate patients, tracking forms in patient records, patient education materials or, if the reason for the deficient performance is a lack of knowledge or strategies, etc., skill-workshops, live activities or enduring materials.

98. Does Stage C of PI CME imply a pre-/post-test analysis?

While there is pre/post analysis of data as part of a PI CME activity, it is not a test. Stage C is the stage where the measurement used in Stage A (to quantify the quality of a selected aspect of care or the structure, processes, or outcomes of the clinical setting) is repeated in order to quantify whether improvement has taken place after implementation of the intervention(s) in Stage B.

99. What is the typical length of each stage of the activity?

Each activity will vary depending on the performance measures chosen, interventions implemented, the physician patient population, etc. Normally, Stage B is the stage that lasts the longest since it requires that there be time to apply the interventions to a sufficient number of patients and for a sufficient amount of time in order to be able to evaluate the impact of the intervention(s).

100. What is meant by “validate the depth of physician participation” in a PI CME activity?

For any certified CME activity, an accredited CME provider has a process in place to determine who participated in the activity to appropriately award *AMA PRA Category 1 Credits™*. PI CME is no different, and a provider needs to know whether the physician engaged in the activity in the expected ways in all three Stages (A, B and C).

101. If a physician completes a PI CME activity but determines that there is still room for improvement based on the data gathered in Stage C, can they extend the PI CME activity and earn additional credit?

Yes. In reviewing Stage C data, a physician may determine that there is still further room for improvement that needs to be addressed. The Stage C data already collected would be used as Stage A data for the next cycle. In this situation, the physician has already been awarded credit for Stage C so it would not be appropriate to receive credit for Stage A in the second cycle. Different intervention(s) would be utilized in the second Stage B, and another Stage C would be completed after an appropriate interval. A maximum of 10 credits (for Stages B and C) could be awarded for the second cycle of the PI CME activity.

102. Can just one physician participate in an activity, or does it have to be done in groups?

PI CME activities can be done by individual physicians or a group. Often, the involvement of other members of the health care team or physician’s practice will be necessary or indispensable to the success of the PI CME activity.

103. How does a physician get credit for working on a performance improvement initiative?

PI CME must be structured through an accredited CME provider prior to beginning the activity. A physician may not come to the accredited provider and ask to be awarded credit for doing a performance improvement initiative after the fact. However, a performance improvement activity being planned by an institution may very well meet the requirements to being certified as a PI CME activity prior to it being initiated.

104. With respect to the prohibition against “retroactive approval,” how far along can a potential PI CME activity progress before a decision is needed on whether it should be certified for *AMA PRA Category 1 Credit™*?

Ideally, a PI CME activity should be planned before the start of Stage A. However, there are times in a clinical practice or other clinical setting that an opportunity for improvement is identified only after a measurement has taken place. If the physician(s) was/were involved and participated in the measurement and/or evaluation of the data, then the activity can be certified for *AMA PRA Category 1 Credit™* before the start of Stage B.

105. Are PI CME activities meeting the format specific requirements listed in the *AMA PRA* booklet still certified for 20 credits for completion of all three stages?

Yes.

106. We understand that the PI CME format remains, but we assume that other performance/quality improvement activities are now permissible under this new flexible system. Is that correct?

Yes. An accredited CME provider is now able, under the new *AMA CME Credit Standards*, to certify for *AMA PRA*

Category 1 Credit™ other “educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession” (AMA and ACCME definition of CME). Activities that do not fall under the definition of one of the current seven Learning Formats, including quality improvement activities, must meet all the AMA PRA core requirements as well as the applicable ACCME requirements, and are certified using the “Other activity” format.

Learning formats: Internet point-of-care

107. What’s the difference between internet point-of-care (PoC) and unstructured online searching and learning?

An internet PoC/internet searching and learning activity is a certified CME activity that is facilitated by an accredited CME provider. Internet PoC activities use databases or search mechanisms that have been vetted by the accredited CME provider as being independent of ACCME-defined commercial interests and scientifically valid.

Unstructured online searching and learning is not facilitated by an accredited CME provider as a learning activity and may involve the use of sources that may not be independent or scientifically valid. Unstructured searching of the internet may qualify for *AMA PRA Category 2 Credit™* if the physician individually determines that it meets the requirements (see the section on *AMA PRA Category 2 Credit™* for more information).

108. What is the AMA’s expectation of accredited CME providers regarding the vetting of databases for use in PoC?

Accredited CME providers must ensure the databases or search mechanisms used in an internet PoC activity are independent of ACCME-defined commercial interests and scientifically valid.

109. What will replace the “Internet point-of-care” format specific requirements to ensure active participation by the physician?

Accredited CME providers must have a process in place to determine who participated in the activity to appropriately award *AMA PRA Category 1 Credits™*. Internet point-of-care is no different, and a provider needs to know whether the physician engaged in the activity. It is up to the provider to determine the appropriate way to meet this requirement.

Learning formats: Other activity

110. How do I designate *AMA PRA Category 1 Credit™* for an activity that is designated as “Other”?

For activities in the “other” format, providers designate credit on a credit-per-hour basis, using their best reasonable estimate of the time required to complete the activity.

111. If formats will continue to be specified in the AMA Credit Designation Statement, how would an “Other” activity be listed?

It will be listed as “Other activity,” followed by a short description of the activity in parentheses:

The «name of accredited CME provider» designates this Other activity («provide short description») for a maximum of «number of credits» *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The description should be a brief phrase or terminology that best describes the format of learning for the activity.

Designating and awarding credit

112. Does an activity have to be certified for *AMA PRA Category 1 Credit™* prior to the activity?

Yes. Educational activities must be certified for *AMA PRA Category 1 Credit™* before physicians begin participating in the activity. Activities may not be retroactively certified for AMA PRA credit.

113. Did the simplification and alignment alter credit designation for existing formats?

The designation and awarding of credit for the previously existing formats has not changed.

114. Does the AMA place a limit on the amount of time physicians have to claim AMA PRA Category 1 Credit™ after participation in an educational activity?

The AMA does not set a limit on the amount of time accredited CME providers can give physicians to claim credit for an activity. The accredited CME provider has the authority to set a limit, but if you do physicians should be made aware of what the time limit is prior to participation in the activity.

115. May providers award additional credit for time spent completing surveys/evaluations/ commitments to change, etc., that are not integrated with a certified CME activity, e.g., at three or six months?

If the accredited CME provider determines that the completion of surveys, evaluations, commitments to change, etc. that are not included as part of an educational activity, meet all AMA and ACCME requirements for certifying an activity for credit it would be certified using the "Other" format.

116. Are there limits to the amount of AMA PRA Category 1 Credit™ that physicians can earn during a year for specific learning formats, such as "Journal-based CME" or "Manuscript review"?

No—the AMA places no limits on the amount of CME credit a physician may earn in any format. There are limits to the number of CME credits that may be reported from some of the learning format categories when using the credit earned to apply for the AMA Physician's Recognition Award. These limits may be found in the [AMA PRA booklet](#).

Other organizations that require CME credits for membership, recredentialing, relicensure, recertification or Maintenance of Certification, etc., may choose to limit the number of credits obtained through a particular format.

Credit designation statement

117. It seems that some of the format labels are being kept and others completely eliminated. How will this impact the credit designation statement provided to learners?

Although some of the format-specific requirements have been eliminated, no Learning Format has been eliminated. If an activity falls within the definition of a format, that name would still be used in the AMA Credit Designation Statement.

118. Do we still need to communicate to attendees about AMA PRA Category 1 Credit™?

Yes. Requirements related to credit have not changed and are located in the "Requirements for Designating and Awarding AMA PRA Category 1 Credit™" section of the updated AMA PRA booklet.

119. What is the correct AMA Credit Designation Statement?

The correct AMA Credit Designation Statement, which must be written without paraphrasing and be listed separately from accreditation or other statements, is:

The «name of accredited CME provider» designates this «learning format» for a maximum of «number of credits» AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For activities using the "Other" format, the format will be listed as "other activity" followed by a short description of the activity in parentheses:

The «name of accredited CME provider» designates this other activity («provide short description») for a maximum of «number of credits» AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

See also questions 50 and 121.

120. What does the AMA mean when it says the credit designation statement should be listed separately from accreditation and other statements?

The AMA Credit Designation Statement should be in a separate paragraph from any other statements.

121. May accredited CME providers modify the required AMA credit designation statement?

No—the AMA credit designation statement must be written without paraphrasing and be listed separately from accreditation or other statements:

The «name of accredited CME provider» designates this «learning format» for a maximum of «number of credits» *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity

For activities using the “Other activity” format, the format will be listed as “Other activity” followed by a short description of the activity in parentheses:

The «name of accredited CME provider» designates this Other activity («provide short description») for a maximum of «number of credits» *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity

Due to the nature of faculty credit for teaching medical students and residents/fellows, the standard credit designation statement needed adjustment as the number of credits will not be known in advance. The following credit designation statement should be used in its place for this type of activity only:

The «name of accredited CME provider» designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits*[™] per 1 hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The (s) at the end of *AMA PRA Category 1 Credit(s)*[™] is intended to indicate that providers should make the sentence grammatically correct, e.g. activities would be designated for 1 *AMA PRA Category 1 Credit*[™], 2.5 *AMA PRA Category 1 Credits*[™], etc.

122. When must the AMA credit designation statement be used?

The AMA credit designation statement must be used in both activity announcements* and any program materials, in both print and electronic formats (e.g., a course syllabus, enduring material publication, landing page of an internet activity), that reference CME credit, and any document that references the number of credits for which the activity has been designated.

*Activity announcements include all materials, in both print and electronic formats, that are designed to build awareness of the activity’s educational content among the target physician audience. The complete AMA Credit Designation Statement must always be used on any document or publication that references the number of *AMA PRA Category 1 Credits*[™] designated for the activity.

A “save the date” announcement (such as a card mailer with limited space) may indicate that the activity has been approved for *AMA PRA Category 1 Credit*[™] without stating an exact number of credits if the accredited CME provider has already certified the activity. This announcement may read, “This activity has been approved for *AMA PRA Category 1 Credit*[™]” or similar language. Accredited CME providers or potential joint sponsors may never indicate that “*AMA PRA Category 1 Credit*[™] has been applied for,” is pending, or any similar wording.

123. What are the learning formats that must be included in the AMA Credit Designation Statement?

The AMA Credit Designation Statement is required to include the learning format of the activity that is designated for credit. The eight approved learning formats are:

1. Live activity
2. Enduring material
3. Journal-based CME activity
4. Test item writing activity

5. Manuscript review activity
6. Performance improvement CME
7. Internet point-of-care activity
8. Other activity

All activities certified for *AMA PRA Category 1 Credit™* must meet all the format requirements, if any, for one of these AMA learning formats in addition to the core requirements and the appropriate credit designation requirements.

124. Why must we include the learning format in the AMA Credit Designation Statement?

The use of the learning format in the AMA Credit Designation Statement clarifies to physicians and consumers of credit that the activity was planned to meet the AMA's requirements for that specific activity type.

125. We have a web page that lists several different CME activities. Is there a way to combine things into one credit designation statement?

Yes—here are examples of approved variations:

Same format, same amount of credit:

The ABC Hospital designates each live activity for a maximum of 2 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity

Same format, different amounts of credit:

The ABC Hospital designates each enduring material for the number of *AMA PRA Category 1 Credits™* listed below. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Different format, same or different amounts of credit (you will have to include the format by the listing for the activity:

The ABC Hospital designates each activity for the number of *AMA PRA Category 1 Credits™* listed below. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Activity 1 title

Live activity, 2.0 *AMA PRA Category 1 Credits™*

Activity 2 title

Enduring material, 1.5 *AMA PRA Category 1 Credits™*

Credit phrase

126. Must the credit phrase (*AMA PRA Category 1 Credit™*) always be italicized and include the trademark symbol?

Yes. Accredited CME providers must always use the complete italicized, trademarked phrase. Variations or parts of the phrase must never be used when referring to *AMA PRA Category 1 Credit™*.

Documentation requirements

127. How are CME credits tracked for physicians?

There is no centralized tracking of AMA PRA credits. Each accredited CME provider is required to keep records of *AMA PRA Category 1 Credits™* claimed by physicians who participate in their activities for six years from the date of completion of the activity. Because credits may be obtained from a variety of accredited CME providers, physicians should maintain a record of their CME credits from all sources.

AMA PRA Category 2 Credit™ is not awarded by accredited CME providers or by the AMA. Physicians self-designate and document participation in activities that may qualify for *AMA PRA Category 2 Credit™*.

Physicians should keep in mind the credit requirements of various entities when deciding how long to keep records

of their CME activities. Licensing boards, medical specialty certifying boards, hospital medical staff and other may have different reporting requirements.

128. What documentation does a physician receive for participating in a certified CME activity provided by an accredited CME provider? How long must providers maintain participation records?

Accredited CME providers are required to make available documentation of credits claimed by physicians at their request, but there is no requirement for a specific type of documentation to be used. Many accredited CME providers will issue a credit certificate at the completion of an activity, or provide a transcript of CME credits claimed over a period of time. Whatever form it takes, the documentation provided should include: physician's name, name of the accredited CME provider, title of activity, learning format of the activity, date(s) of live activity or date that physician completed the activity and number of *AMA PRA Category 1 Credits™* awarded.

These records of *AMA PRA Category 1 Credits™* claimed by physician participants must be maintained by the accredited CME provider for a minimum of six years from the date the activity was completed. Some providers place a limit on the amount of time you have to claim your credit after completing the activity, but once the credit is claimed the records must be kept for six years from the date of the activity.

129. Must CME providers use specific language on certificates, transcripts or documentation issued to the physician?

No—the AMA requires that an accredited CME provider must provide documentation to participating physicians of the credit awarded at the request of the physician. The documentation must reflect the number of credits claimed by the physician as well as other required elements but the AMA does not specify the wording that must be used. Please see the next question for a list of the required elements for this documentation.

The AMA does not require that accredited CME providers issue certificates. The AMA does provide certificate language in the AMA PRA booklet that serves as an example but this language is not mandatory.

CME providers must ensure they do not give non-physicians certificates or transcripts that state or imply the non-physician has been awarded *AMA PRA Category 1 Credit™*. However, accredited CME providers may provide documentation of participation in an activity certified for *AMA PRA Category 1 Credit™* to non-physicians and, in the case of live activities, specify the number of hours of participation (see questions 21 and 23 for additional information).

130. What elements must be included on documentation provided to participating physicians?

Documentation provided to participating physicians must accurately reflect, at a minimum, the following:

- Physician's name
- Name of accredited CME provider
- Title of activity
- Learning format
- Date(s) of live activity or date that physician completed the activity
- Number of *AMA PRA Category 1 Credits™* awarded

131. Is the AMA Credit Designation Statement required on certificates and/or transcripts?

No—the AMA Credit Designation Statement is not required on certificates or transcripts. The physician has already claimed credit, and the documentation provided should reflect the number of credits claimed/awarded, rather than just automatically including the designated maximum for the activity.

132. If our organization produces both certificates and transcripts, must both of these include all of the required elements?

Yes. Any documentation provided to physicians with *AMA PRA Category 1 Credits™* awarded must include all of the required elements.

133. What are CME providers' responsibilities with regard to record keeping for AMA PRA credit?

The AMA requires that accredited CME providers must be able to provide documentation to participating physicians of the credit awarded, at the request of the physician, for at least six years after completion of each activity. When an accredited CME provider issues a certificate, transcript or other means of documentation, it must reflect the actual number of credits claimed by the physician for live and PI CME activities, and not just automatically record the designated maximum credits for the activity.

Documentation provided to participating physicians must accurately reflect, at a minimum, the following:

- Physician's name
- Name of accredited CME provider
- Title of activity
- Learning format of the activity
- Date(s) of the live activity or date that the physician completed the activity
- Number of *AMA PRA Category 1 Credits™* awarded

Accredited CME providers also need to check with their accreditor (either the ACCME or SMS) for additional record keeping requirements.

AMA PRA Category 2 Credit™

134. What is *AMA PRA Category 2 Credit™*?

AMA PRA Category 2 Credit™ is CME credit which is self-designated and claimed by individual physicians for participation in activities not certified for *AMA PRA Category 1 Credit™* that:

- Comply with the AMA definition of CME
- Comply with the relevant AMA ethical opinions (at the time of this writing this includes 9.2.6 "Continuing Medical Education," 9.2.7 "Financial Relationships with Industry in Continuing Medical Education," and 9.6.2 "Gifts to Physicians from Industry")
- Are not promotional
- A physician finds to be a worthwhile learning experience related to his/her practice

Examples of learning activities that might meet the requirements for *AMA PRA Category 2 Credit™* include, but are not limited to:

- Participation in activities that have not been certified for *AMA PRA Category 1 Credit™*
- Teaching residents, medical students or other health professionals
- Unstructured online searching and learning (i.e., not "Internet point-of-care")
- Reading authoritative medical literature
- Consultation with peers and medical experts
- Small group discussions
- Self-assessment activities
- Medical writing
- Preceptorship participation

- Research
- Peer review and quality assurance participation

A physician must individually assess the educational value for each learning experience in which he or she participates to determine if it is appropriate to claim *AMA PRA Category 2 Credit™*.

AMA definition of CME: CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is the 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. (HOD policy #300.988)

135. May accredited CME providers certify activities for *AMA PRA Category 2 Credit™*?

No—providers may not certify any activities for *AMA PRA Category 2 Credit™*, nor may they provide documentation or otherwise indicate to a physician that an activity qualifies for such credit. *AMA PRA Category 2 Credit™* activities are entirely self-claimed and self-documented by a physician.

Organizations may choose to maintain records of physician participation in activities that have not been certified for *AMA PRA Category 1 Credit™* but, since they may not certify or award such credit, should not record them as *AMA PRA Category 2 Credit™*.

136. Does the AMA or an accredited CME provider issue certificates for participation in activities that may qualify for *AMA PRA Category 2 Credit™*?

Physicians are not issued certificates which state they have been awarded *AMA PRA Category 2 Credit™*. This credit is self-claimed and self-documented by physicians. Organizations may not advertise an activity as meeting the requirements or being eligible for *AMA PRA Category 2 Credit™*.

137. How do physicians claim *AMA PRA Category 2 Credit™*?

The physician should self-claim credit for appropriate *AMA PRA Category 2 Credit™* activities and document the activity title or description, subject or content area, date(s) of participation and number of credits claimed. Physicians may not claim *AMA PRA Category 2 Credit™* for an activity for which the physician has claimed *AMA PRA Category 1 Credit™*. Each physician is responsible for maintaining a record of their *AMA PRA Category 2 Credit™*.

138. How do physicians calculate how much *AMA PRA Category 2 Credit™* should be claimed?

As with live activities, physicians should claim credit based on their participation time with 60 minutes of participation equal to one (1) *AMA PRA Category 2 Credit™*; this credit is claimed in 15-minute or 0.25 credit increments, and physicians must round to the nearest quarter hour.

139. What are the requirements for *AMA PRA Category 2 Credit™*?

AMA PRA Category 2 Credit™ is self-designated and claimed by individual physicians for participation in activities not certified for *AMA PRA Category 1 Credit™* that:

- Comply with the AMA definition of CME
- Comply with the relevant AMA ethical opinions (at the time of this writing this includes 6.2.6 “Continuing Medical Education,” 9.2.7 “Financial Relationships with Industry in CME,” and 9.6.2 “Gifts to Physicians from Industry”)
- Are not promotional
- A physician finds to be a worthwhile learning experience related to his/her practice

140. What activities may a physician claim for *AMA PRA Category 2 Credit™*?

AMA PRA Category 2 Credit™ is self-designated and claimed by individual physicians for participation in activities not certified for *AMA PRA Category 1 Credit™* that:

- Comply with the AMA definition of CME
- Comply with the relevant AMA ethical opinions (at the time of this writing this includes 9.2.6 *Continuing Medical Education*, 9.2.7 “Financial Relationships with Industry in CME,” and 9.6.2 “Gifts to Physicians from Industry”)
- Are not promotional
- A physician finds to be a worthwhile learning experience related to his/her practice

Examples of learning activities that might meet the requirements for *AMA PRA Category 2 Credit™* include, but are not limited to:

- Participation in activities that have not been certified for *AMA PRA Category 1 Credit™*
- Teaching physicians, residents, medical students or other health professionals
- Unstructured online searching and learning (i.e., not “Internet point-of-care”)
- Reading authoritative medical literature
- Consultation with peers and medical experts
- Small group discussions
- Self-assessment activities
- Medical writing
- Preceptorship participation
- Research
- Peer review and quality assurance participation

A physician must individually assess the educational value for each learning experience in which he or she participates to determine if it is appropriate to claim *AMA PRA Category 2 Credit™*.

Direct credit

141. What are direct credit activities?

The AMA awards credit directly to physicians for participation in certain activities that have not been developed by an accredited CME provider but that the AMA Council on Medical Education has judged to be valuable learning experiences. These include:

- Preparing and presenting an original presentation at a live activity that has been certified for *AMA PRA Category 1 Credit™* (if the accredited CME provider has not already awarded credit for this)
- Publishing, as the lead author (first listed), a peer-reviewed article in a journal indexed in the MEDLINE bibliographic database
- Preparing a poster presentation, as the first author, which is included in the published abstracts, at a live activity that is certified for *AMA PRA Category 1 Credit™*
- Obtaining a medically-related advanced degree, such as a master’s in public health
- Successful completion of an ABMS member board certification or maintenance of certification process.
- Successful participation in an ACGME accredited residency or fellowship program

With the exception of faculty credit, accredited CME providers must not award *AMA PRA Category 1 Credit™* to physicians for these types of activities; the physician must apply directly to the AMA to be awarded credit for these activities. More [information about direct credit](#) can be found on the AMA website.

142. How does a physician claim *AMA PRA Category 1 Credit™* directly from the AMA?

Physicians may claim *AMA PRA Category 1 Credit™* directly from the AMA for the learning that occurs in the following activities approved by the AMA Council on Medical Education:

- **Teaching in live CME activities**
Credit may only be claimed for preparing and presenting an original presentation at a live activity that has been certified for *AMA PRA Category 1 Credit™* (if the physician did not claim credit from the accredited CME provider for the activity). See question 42.
- **Publishing articles**
Publishing, as a lead author (first listed), a peer-reviewed article in a journal included in the MEDLINE bibliographic database. See question 143.
- **Poster presentations**
Preparing a poster presentation, as the first author, which is included in the published abstracts, at an activity certified for *AMA PRA Category 1 Credit™*.
- **Medically related advanced degrees**
Obtaining a medically related advanced degree, such as a master's in public health (not available if the academic program certified individual courses for *AMA PRA Category 1 Credit™*).
- **American Board of Medical Specialty (ABMS) member board certification and Maintenance of Certification (MOC®)**
Successfully completing an ABMS board certification or MOC process. See question 145.
- **Accreditation Council for Graduate Medical Education (ACGME) accredited education**
Successfully participating in an ACGME-accredited residency or fellowship program. See question 144.

To claim the credit physicians must submit to the AMA the completed Direct Credit Application or Resident Credit Application, along with the required documentation and appropriate processing fee. Complete instructions are found on the [AMA website](#).

143. When there are multiple authors of a peer-reviewed article in a journal included in the MEDLINE bibliographic database, which author can claim the *AMA PRA Category 1 Credit™*?

Only the author listed first can claim *AMA PRA Category 1 Credit™* for publishing a peer-reviewed article in a journal included in the MEDLINE bibliographic database.

144. Can a physician get CME credit for successful participation in a residency or fellowship program?

Yes—physicians have two choices for obtaining a CME benefit for residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME):

- a. A resident/fellow can receive a standard one, two or three-year AMA Physician's Recognition Award (PRA); each year of completed training is accepted for one year of the AMA PRA (up to three years), and/or
- b. A resident/fellow can claim twenty (20) *AMA PRA Category 1 Credits™* per year for participating in an ACGME-accredited residency and/or fellowship program.

To obtain the PRA and/or *AMA PRA Category 1 Credit™* for participating in a residency/fellowship program, the physician must claim this directly from the AMA by completing the [Resident Credit Application](#).

145. Can a physician get credit for certification, recertification or maintenance of certification (MOC®) with an ABMS member specialty board?

Yes—physicians have two choices for obtaining a CME benefit for certification or MOC with an ABMS member specialty board:

- a. A physician can receive a standard three-year AMA Physician's Recognition Award (PRA) for completing an ABMS member board certification or recertification process, and/or
- b. A physician can claim sixty (60) *AMA PRA Category 1 Credits™* for successfully completing an ABMS board certification or recertification process dated Sept. 1, 2010 or later. Physicians can claim twenty-five (25) *AMA PRA Category 1 Credits™* for certifications dated prior to Sept. 1, 2010.

To obtain credit for ABMS certification, the physician must apply directly to the AMA by completing (a) the AMA PRA application to receive the AMA PRA or (b) the Direct Credit Application to receive a credit certificate. Physicians are responsible for ensuring that their board is a member-board of the [ABMS](#). Complete instructions, including substantiating documentation requirements and processing fees, are found on the [AMA website](#).

International activities

146. How can physicians earn *AMA PRA Category 1 Credit™* for attending international conferences?

Physicians may earn *AMA PRA Category 1 Credit™* for international conferences in the following circumstances:

- a. The activity is certified for *AMA PRA Category 1 Credit™* by a U.S.-based CME provider accredited by the ACCME or an ACCME-recognized state medical society.
- b. The CME activity is recognized through the AMA's International Conference Recognition Program. [More information](#) can be found on the AMA website.
- c. The CME activity (live or e-learning) is approved by the European Union of Medical Specialists' (UEMS) European Accreditation Council for Continuing Medical Education (EACCME®) for European CME Credits (ECMEC®s), and posted in the EACCME section of the UEMS website. Physicians can apply to the AMA to have ECMEC®s converted to *AMA PRA Category 1 Credit™*. [More information](#) about the AMA agreement with the UEMS can be found on the AMA website.
- d. The CME activity is certified for Royal College of Physicians and Surgeons of Canada MOC Credit by CPD providers accredited by the Royal College, and is a Section 1 or Section 3 activity covered by the AMA agreement with the Royal College. Physicians can apply to the AMA to have this credit converted to *AMA PRA Category 1 Credit™*. [Information](#) about the covered categories can be found on the AMA website.
- e. The CME activity is certified for Qatar Council for Healthcare practitioners (QCHP) CPD credit by CPD providers accredited by the QCHP or by the QCHP directly, and is a Category 1 or Category 3 activity covered by the AMA agreement with the QCHP. Physicians can apply to the AMA to have QCHP hours of participation converted to *AMA PRA Category 1 Credit™*. [Information](#) about the covered categories can be found on the AMA website.

Physicians attending international CME activities that do not fall into one of the above categories may self-claim and document *AMA PRA Category 2 Credit™* for their participation provided the activity meets the AMA definition of CME, complies with the relevant AMA ethical opinions, is not promotional in nature and is relevant to the physician's practice. See the section on *AMA PRA Category 2 Credit™* for more information.

147. If physicians attend a conference outside the U.S. or its territories that is accredited by the European Union for Medical Specialists' (UEMS) European Accreditation Council for Continuing Medical Education (EACCME®) and receive a certificate for European CME Credits (ECMEC®s), how do they convert this to *AMA PRA Category 1 Credit™*?

In order to convert UEMS-EACCME® ECMEC®s to *AMA PRA Category 1 Credit™*, the physician must apply to the AMA by completing the Application for EACCME Credit Conversion and submitting a copy of the UEMS-EACCME® ECMEC® certificate and (3) the appropriate processing fee.

A certificate of *AMA PRA Category 1 Credit™* will be emailed within four weeks. For other specific questions, please contact pra@ama-assn.org. For more information on the AMA agreement with the UEMS and to access the application, visit the [AMA website](#).

In order to have the credit converted, the activity must appear on the list of approved activities posted in the

EACCME section of the UEMS website for live and e-learning activities. [More information](#) about the AMA/UEMS agreement can be found on the AMA website.

148. If physicians attend a conference certified for Royal College MOC Credit, how do they convert this credit to AMA PRA Category 1 Credit™?

In order to convert Royal College MOC Credit to *AMA PRA Category 1 Credit™*, the physician must apply to the AMA by completing the Application for Royal College Credit Conversion and submitting a copy of the Royal College credit certificate and (2) the appropriate processing fee. A certificate of *AMA PRA Category 1 Credit™* will be emailed within four weeks. For other specific questions, please contact pra@ama-assn.org.

For more information on the AMA agreement with the UEMS and to access the application, visit the [AMA website](#).

In order to have the credit converted, the category of activity must be included in the AMA agreement with the Royal College. [More information](#) can be found on the AMA website.

149. If physicians receive a certificate for hours of participation in a conference certified for Qatar Council for Healthcare Practitioners (QCHP) CPD credit, how do they convert the hours of participation to AMA PRA Category 1 Credit™?

In order to convert QCHP CPD credit to *AMA PRA Category 1 Credit™*, the physician must apply to the AMA by completing the Application for QCHP CPD Credit Conversion and submitting a copy of the ACHP CPD credit certificate and (2) the appropriate processing fee. A certificate of *AMA PRA Category 1 Credit™* will be emailed within four weeks. For other specific questions, please contact pra@ama-assn.org.

For more information on the AMA agreement with the UEMS and to access the application, visit the [AMA website](#).

In order to have the credit converted, the category of activity must be included in the AMA agreement with the QCHP. [More information](#) can be found on the AMA website.

AMA Physician's Recognition Award (PRA)

150. What is the AMA Physician's Recognition Award?

The AMA [Physician's Recognition Award \(PRA\)](#) is an award issued by the AMA since 1968 to physicians who have met certain CME requirements. It recognizes physicians who have demonstrated their commitment to staying current with advances in medicine by participating in CME activities.

More information about the AMA PRA, including eligibility requirements and access to the application, can be found on the [AMA website](#).

151. What are the requirements for the AMA Physician's Recognition Award?

The AMA offers one-, two- and three-year AMA PRAs. The requirements for each are as follows:

One-year award

- Twenty (20) *AMA PRA Category 1 Credits™* and thirty (30) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (50 credits total)
- Or one-year ACGME residency/fellowship training

Two-year award

- Forty (40) *AMA PRA Category 1 Credits™* and sixty (60) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (100 credits total)
- Or two years ACGME residency/fellowship training

Three-year award

- Sixty (60) *AMA PRA Category 1 Credits™* and ninety (90) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (150 credits total)
- Or three years ACGME residency/fellowship training
- Or ABMS board certification or MOC

The AMA requires that at least half of the credit applied toward the AMA PRA be within the physician's specialty or area of practice. Ethics, office management and physician-patient communication can serve as appropriate topics for CME, but are not considered specialty specific education.

152. What are the requirements for the AMA Physician's Recognition Award with Commendation?

The AMA PRA with commendation is available for physicians who meet the following requirements:

One-year award with commendation

- Sixty (60) *AMA PRA Category 1 Credits™* and thirty (30) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (90 credits total)

Two-year award with commendation

- One hundred and twenty (120) *AMA PRA Category 1 Credits™* and sixty (60) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (180 credits total)

Three-year award with commendation

- One hundred and eighty (180) *AMA PRA Category 1 Credits™* and ninety (90) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (270 credits total)

The AMA requires that at least half of the credit applied toward the AMA PRA be within the physician's specialty or area of practice. Ethics, office management and physician-patient communication can serve as appropriate topics for CME, but are not considered specialty specific education.

153. Can other types of credit be used when applying for the AMA Physician's Recognition Award?

For the purpose of obtaining an AMA PRA physician may submit credits earned within the following CME systems on a one-to-one basis for *AMA PRA Category 1 Credit™*:

- American Academy of Family Physicians' prescribed credit
- American College of Obstetricians and Gynecologists' formal learning cognates

American Osteopathic Association credits may be claimed as *AMA PRA Category 2 Credit™* for the purpose of obtaining the Physician's Recognition Award.