



# INSTITUTE FOR MEDICAL QUALITY

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## CONTINUING MEDICAL EDUCATION PROGRAM CONSULTATION AGREEMENT

### DESCRIPTION OF THE CONSULTATION

IMQ assigns a Continuing Medical Education Consultant to the Organization, who meets with the participating individuals at a mutually agreeable time. The consultation may involve review of documentation pertinent to requested areas of consultation, including, but not limited to: previous accreditation application, activity files, previous survey recommendations, and previous interim reports. The consultant will provide a verbal presentation—at the time of consultation—of recommendations for improvement, and answer questions regarding the recommendations.

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Name of Organization

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Address

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CME Chair/Director

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Phone

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Email

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CME Coordinator

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Phone

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Email

State problem(s) and topic(s) to be addressed by the consultant. Please be as specific as possible.

Please list everyone who would participate in the consultation (e.g., CME Coordinator, CME Chair, CME Committee, and other staff).

Name of Continuing Medical Education Program:

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By signing below, I agree to allow the IMQ consultant to review all applicable documentation available. I understand that the consultant may provide assistance, offer an objective assessment and make recommendations for resolution of identified concerns. I acknowledge the consultation is not a decision-making or accrediting function and is not intended to be a substitute for the organization’s involvement in planning and implementing its activities. ***I also understand that utilizing IMQ consultants does not guarantee that my organization will excel in its next survey or achieve compliance with required criteria and policies.***

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CME Chair

Date

**FEE AGREEMENT**

My signature below acknowledges my understanding that the fee for an IMQ Continuing Medical Education Consultation is \$1,500 for the first four (4) hours, and \$250 for each additional hour (up to seven [7] hours total). This includes the cost of the consultation and travel-related expenses. If the provider requests a written report of the consultative findings, there will be an additional fee of \$500. The initial \$1500 fee must be received by IMQ, along with this signed application, before the consultation is scheduled. Upon receipt of this signed application and fee, IMQ will schedule the consultation at a mutually agreeable time. If the consultation exceeds four (4) hours, and/or the organization requests a written consultative report, then the provider will be invoiced for the difference. If IMQ is unable to schedule a consultant at a mutually acceptable time, the prepaid fee will be refunded. The prepaid fee will not be refunded if any party (other than IMQ or IMQ’s consultant) cancels a scheduled consultation less than ten days prior to the scheduled date. Any incurred, non-refundable travel expenses, such as non-refundable airline tickets, will be deducted from the amount of any refund.

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Signature

Date

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Print Name and Title