



# Ohio State Medical Association

The power of many. The voice of one.

## Worksheet for Use in Determining Accreditation Fees

(Please return along with the *OSMA Application for Accreditation*)

Name of Accredited Provider: \_\_\_\_\_

Contact Person (name/title): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

	Review the following questions to determine your accreditation fee(s):	Based on the answers to the questions in column two, enter appropriate amount
1.	<p>Is your organization a <b>Traditional Provider</b> (hospitals operating as a single entity)? (please check <u>only one</u> and enter the corresponding amount in the column to the right:)</p> <p>0 - 200 members.      The accreditation fee is \$ <b>2,200</b>            201 - 400 members.    The accreditation fee is \$ <b>2,700</b>            401 - 800 members.    The accreditation fee is \$ <b>3,100</b>            801+ members.        The accreditation fee is \$ <b>3,500</b></p>	<p>Accreditation Fee:</p> <p>\$</p>
2.	<p>Is your organization a <b>Non-Traditional Provider</b> (all other non-hospital providers operating as a single entity)?</p> <p>Non-Traditional Provider. The accreditation fee is \$ <b>3,500</b></p>	<p>Accreditation Fee:</p> <p>\$</p>
3.	<p>Is your organization a <b>Consortia</b> (two or more separate entities* whose CME program is formally structured to operate as a single provider)? (please check <u>only one</u> and enter the corresponding amount in the column to the right:)</p> <p>0 - 500 members.      The accreditation fee is \$ <b>2,500</b>            501 - 1,000 members.    The accreditation fee is \$ <b>3,000</b>            1,001+ members.        The accreditation fee is \$ <b>3,500</b></p> <p><b>*NOTE: Each consortium is limited to no more than five separate entities operating as a single provider.</b></p>	<p>Accreditation Fee:</p> <p>\$</p>
4.	<p>Total amount enclosed with <i>Application for Accreditation</i>:</p>	<p><b>Accreditation Fee Enclosed:</b></p> <p>\$</p>

The total accreditation fee is payable at the time the *Application for Accreditation* is submitted to the OSMA. In addition, any site surveyor expenses (meals, mileage, hotel for three accreditation surveyors) will be invoiced to your institution by the OSMA immediately following the on-site survey.

Please make check payable and mail to:  
**Ohio State Medical Association**  
**Accreditation Services**  
**3401 Mill Run Drive**  
**Hilliard, Ohio 43026**

Questions should be directed to: (800) 766-6762 or (614) 527-6762, Extension 6765