|  |  |
| --- | --- |
| Activity Title: |  |
| Date of Activity: |  |
| Person Submitting Report: |  |

**PRE CME ACTIVITY:**

The following items must be submitted to TCH OCME **2 weeks before** each CME event or session:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Addendum A: RFR Disclosure**  **(Relevant Financial Relationship)** | Financial Relationship Noted: | Yes |  | No |  |

**Proposed Agenda –** *if applicable to educational activity*

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|  | **Addendum C: Speaker Documentation (part I)** | |
|  | Not required for case conference, Tumor Board or M&M sessions of an RSS |

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|  | **Addendum C: Activity Director Validation of Content (part II) –** *Only if a relevant financial relationship is noted on the speaker’s Addendum A.* | |
|  | Not required for case conference, Tumor Board or M&M sessions of an RSS |

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|  | **Addendum B: Report of Expense –** Please submit initial budget for CME activity (estimated) |
|  | **Addendum E: Request for Clinical Ethics and/or Professional Responsibility -** Attached speaker bio, Addendum C and presentation for review |
|  | **Addendum F: Ineligible Company Support Agreement –** Please complete the document if the educational activity has ineligible company support |
|  | **Addendum G: Exhibit Space Application and Contract –** *Only if applicable to educational activity* |
|  | **Announcements/Advertisement of educational activity** |
|  | **Addendum M – Joint Providership Letter of Agreement –** *Only if applicable to educational activity* |
|  | **Addendum N – Stark Law –** *Only if there is no registration fee for a Course* |
|  | **All PowerPoint Presentation for the conference or lecture** |
| **DURING CME ACTIVITY:**  The following actions must occur during the educational activity: | |
|  | **Participants sign into the educational activity using sign-in sheets or electronic mechanism** | |
|  | **Attestation form distribution –** *Only if applicable to educational activity* | |
|  | **Announcements of disclosure to the audience at the educational activity before it begins** | |
|  | **Case Conference Checklist (*for case conferences, Tumor Board or M&M sessions only)*** | |
| **POST CME ACTIVITY:**  **POST CME ACTIVITY:** The following items must be sent to TCH OCME **immediately** (within 3 working days) following the conclusion of each CME event or session: | |
|  | **Verification of Disclosure at CME Event** |

The activity director/coordinator attests that disclosure “occurred” and was made to the audience at the CME activity before it began as follows (check one):

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Slide** or **Handout** (submit copy with this checklist) | | |
|  | **Verbally** (check one below) | | |
|  | There was nothing to disclose |
|  | Itemize the content of the disclosed information: |
|  |  |
|  |  |

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| --- | --- | --- | --- |
|  | **Copy of CME Announcement** | | |
|  | **Sign-in Sheets** *(break-out of Physicians vs. Non-Physicians should be clearly indicated)* or **Badge Report** | | | | | |
|  | **Evaluations** conducted electronically via Survey Monkey by TCH OCME | | | |
|  | **Summary of Paper Evaluations** *(leave unchecked if evaluation conducted by TCH OCME)* | | | |
|  | **All PowerPoint Presentation for the conference or lecture** | | | |
|  | **Report of Actual Expenses** *(complete Addendum B: CME Educational Activity Report of Expenses)- Final* | | | |
|  | | No expenses to report | |
|  | |  | |
| **POST-POST CME ACTIVITY:**  The following items must be completed: | | | | |
| **Review of Course/Activity** – Activity Director must complete the questionnaire 7 days after email is received | | | | |
| **Patient Outcomes Data (3-6 months)** – *Only if applicable to educational activity* | | | | |
|  | | **Post Survey Results** **and/or summation (3-6 months)** – *Only if applicable to educational activity* | | | |
|  | | **RETURN CME ACTIVITY Checklist** | | | |
| **Comments:** | | | | |
|  | | | | |

**NOTE:** The documentation outlined above must be completed to remain compliant as a CME activity. Failure to provide the documentation will compromise the activity’s ability to advertise as a CME credited activity. Credit will not be awarded to attendees until such time the activity is compliant.

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| **For Use by TCH CME Office:** |  |  | **Date** |  | **Initial** |
| MD/DO/Fellows/RES: |  | Documentation Rec’d |  |  |  |
| Others: |  | ECHO |  |  |  |
| Total Attendees: |  | Excel |  |  |  |