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

**PRE CME ACTIVITY:**

The following items must be submitted to TCH OCME **3 – 5 days before** each CME event or session:

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

Owner/Employee of ineligible company cannot participate in any part of CME activity including planning the activity.

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

|  |  |  |
| --- | --- | --- |
|  | **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 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **All PowerPoint Presentation for the lecture** | |
|  | | **Copy of CME Announcement** | |
| **DURING CME ACTIVITY:**  The following actions must occur during the educational activity: | |
|  | **Participants sign into the educational activity using an electronic mechanism** | | |
|  | **Announcements of disclosure to the audience at the educational activity before it begins** | | |

**POST CME ACTIVITY:**

The following items must be sent to TCH OCME **immediately** (within 3 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: |
|  |  |
|  |  |
|  |
| **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* | | | | | |
| **Comments:** | | | | | |
|  | | | | | |

**WARNING:** 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.