|  |  |
| --- | --- |
| 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.