

3. Attendance Record: Attendance records may be either (1) the individual Program Attendance/Evaluation cards (orange for activities oriented primarily to Medical School personnel or green for activities oriented primarily for personnel external to the Medical School) supplied by the Department of Medical Education or (2) other documentation of attendance as described by the applicant in Item 8 of the application form for CME credit for this activity.

For a CME activity occurring on a specific date(s):

- A record of those attending the activity **is attached** (i.e., either the green or orange cards or the other form of documentation as described by the applicant in Item 8 of the application form for CME credit).

For a recurring (e.g., weekly) CME activity:

- A record of those attending the activity (i.e., either the orange cards or the other form of documentation as described by the applicant in Item 8 of the application form for CME credit) **was regularly forwarded** to the Department of Medical Education following each session of the activity.

4. Evaluation: Evaluations may be either (1) the individual Program Attendance/Evaluation cards (orange for activities oriented primarily to Medical School personnel or green for activities oriented primarily for personnel external to the Medical School) supplied by the Department of Medical Education or (2) other documentation of evaluation as described by the applicant in Item 9 of the application form for CME credit for this activity.

For a CME activity occurring on specific date(s):

- A copy of the evaluation(s) of this activity **is attached** (i.e., either the green or orange cards or the other form of documentation as described by the applicant in Item 9 of the application form for CME credit).

For a recurring (e.g., weekly) CME activity:

- A copy of the evaluation(s) (i.e., either the orange cards or the other form of documentation as described by the applicant in Item 9 of the application form for CME credit) **was regularly forwarded** to the Department of Medical Education following each session of the activity.

5. Personal Disclosure and Resolution of Conflicts of Interest

a. Resolution of CME speaker conflicts of interest. [Note: Documentation regarding CME planners was submitted with the application for CME credit.]

The faculty member responsible for the activity must have the speaker(s) complete a "CME Planner/Faculty Disclosure Form" to identify relevant relationships and to document resolution of any current conflicts of interest. Completed forms for faculty documenting these steps:

- Were submitted with the application for CME credit.
 Are attached to this report.

b. Disclosure to participants about relevant relationships of planners and speakers

For a CME activity occurring on a specific date(s):

- Written information about disclosure was provided to participants and a copy is attached.
 Verbal information about disclosure was provided to participants and a listing of the information is attached along with confirmation (including date and confirmer's name) that it was provided to participants.

For a recurring (e.g., weekly) CME Activity:

(1) The following method was used to disclose information to participants with documentation of disclosure:

- Annual disclosure by group members to each other.
 Disclosure in advance email or mailed notice.
 Disclosure in individual handout to participants.
 Printed disclosure sign at the session.
 Verbal disclosure with written documentation.
 Other method: _____

(2) A copy of the information that was disclosed to participants and, if disclosed verbally, written confirmation (including date and confirmer's name) that the information was presented, was sent to the CME Credit Coordinator within two months of the occurrence of disclosure.

Yes No

6. Commercial Support: Did a commercial company provide financial or other support for the activity?

No (If no, go to Item 7, Departmental Approval.)

Yes

a. **Written Agreement.** A written agreement must be prepared for financial or other support provided by each company.

For **all** commercial support, a copy of the written agreement(s) were submitted with the application for CME credit.

For **all** commercial support, a copy of the written agreement(s) is attached.

b. **Acknowledgment.** The commercial support was acknowledged to the audience:

Verbally

In written materials distributed to the audience **and a copy is attached.** (For recurring CME activities, if written acknowledgment was provided on several occasions, only typical examples from some occasions need to be attached.)

c. **Other requirements regarding commercial support.** Other requirements regarding commercial support were listed in Item 13 of the application form for CME credit (e.g., independence of the sponsor in planning the activity, balance in presentations, appropriate use and management of commercial support, all expenditures were in accordance with University policies and procedures).

Other requirements regarding commercial support were followed.

7. Departmental Approval: I have reviewed this report and the attached information and find it to be correct and complete.

Signature of faculty member responsible for the activity

Date

Signature of Department Chair

Date