CME Document Checklist

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Title: | | | |  | | | Credit Hours: | |  | |
| Location: | | |  | | | | Date: |  | | |
| Contact: | |  | | | | | | | | |
|  | | | | | | | | | | |
|  | Activity application | | | | | | | | | |
|  | Brochure/flyer/postcard with accreditation statement, disclosure, and logo | | | | | | | | | |
|  | CME certificate | | | | | | | | | |
|  | Consent to record | | | | | | | | | |
|  | Copy of presentation and any handouts for review prior to activity | | | | | | | | | |
|  | Disclosure of relationships form from all planners, presenters, staff and any applicable conflict of interest resolution | | | | | | | | | |
|  |  | | | |  |  |  | | |  |
|  | | | | | | | | | |
|  | Documentation of commercial support acknowledgement | | | | | | | | | |
|  | Documentation of disclosure of relationships made to participants (presentation slide, verbal, written) | | | | | | | | | |
|  | Enduring material reviewed every three years for content validity and entered into PARS annually | | | | | | | | | |
|  | Enter into PARS | | | | | | | | | |
|  | Evaluation summary with outcomes data | | | | | | | | | |
|  | Income sheet | | | | | | | | | |
|  | List of commercial supporters and exhibitors | | | | | | | | | |
|  | MOC credits available | | | | | | | | | |
|  | Post test questions | | | | | | | | | |
|  | Presenter bio or curriculum vitae | | | | | | | | | |
|  | Presenter confirmation letter | | | | | | | | | |
|  | Registration list or sign-in sheets | | | | | | | | | |
|  | Verify physician information on CMS Open Payments Data website | | | | | | | | | |
|  | Written agreement for commercial support | | | | | | | | | |
|  | Zoom link | | | | | | | | | |
|  | Zoom link and instructions to presenter | | | | | | | | | |