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 |