**CME Document Checklist**

All educational requirements for this CME activity are the responsibility of the organization making the application. The following documents must be provided:

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| **Pre-Activity Documents (ALL ITEMS MUST BE RECEIVED TWO WEEKS PRIOR TO EVENT)** |
| [ ]  | Activity application |
| [ ]  | Activity fee: $500 plus $100 per hour over six (6) credit hours (one-time program) |
| [ ]  | Disclosure of relationships form from all keynotes, presenters, panelists, and anyone involved in the planning |
| [ ]  | Method for disclosure of relationships to participants (handout, presentation slide, sign in sheet, and/or verbal (forms available)) |
| [ ]  | CME statement listed on all materials where CME is mentioned. The following statement must be used EXACTLY as it is written. |
|  | “The Nebraska Medical Education Trust designates this [learning format] for a maximum of [number of credits] *AMA PRA Category 1 Credit*(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.”“This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Nebraska Medical Education Trust and (your organization name). The Nebraska Medical Education Trust is accredited by the Nebraska Medical Association to provide continuing medical education for physicians.” |
| [ ]  | Presentations and any handouts for review |
| [ ]  | Program agenda, schedule, or invitation with NMET statement and logo |
|  |  |
| **Post Activity Documents** |
| [ ]  | Attendee sign-in sheets |
| [ ]  | Evaluation summary with outcomes/response data (post test, etc.) |
| [ ]  | Income Template (form available) |
|  |  |
| **Commercial Support/Sponsors/Exhibitors/Vendors** (if applicable) |
| [ ]  | List of commercial supporters, sponsors, exhibitors, and/or vendors |
| [ ]  | Written agreements (form available) |