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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Title: | | | |  | | | | Credit Hours: | | |  |
| Location: | | |  | | | | | Date: |  | | |
| Contact: | |  | | | | | | | | | |
|  | | | | | | | | | | | |
|  | Activity application | | | | | | | | | | |
|  | Activity fee | | | | | | | | | | |
|  | Brochure/flyer/postcard draft with joint providership accreditation statement, disclosure, and NMET logo for approval | | | | | | | | | | |
|  | 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. (Add to disclosure spreadsheet) | | | | | | | | | | |
|  |  | | | |  |  |  | | |  | |
|  | | | | | | | | | | |
|  | Documentation of commercial support acknowledgement | | | | | | | | | | |
|  | Documentation of disclosure of relationships made to participants | | | | | | | | | | |
|  | Enduring material reviewed every three years for content validity and entered into PARS annually | | | | | | | | | | |
|  | Evaluation summary with outcomes data (post test, etc.) | | | | | | | | | | |
|  | Income Template | | | | | | | | | | |
|  | Joint provider agreement | | | | | | | | | | |
|  | Joint providership statement listed on all activity materials (brochures, presentations, etc.) | | | | | | | | | | |
|  | List of commercial supporters and exhibitors | | | | | | | | | | |
|  | MOC credits available | | | | | | | | | | |
|  | Presenter bio or curriculum vitae | | | | | | | | | | |
|  | Program schedule (presenters, topics, times) | | | | | | | | | | |
|  | Send CME certificate prior to event | | | | | | | | | | |
|  | Sign-in sheets | | | | | | | | | | |
|  | Verify Physician information on CMS Open Payments Data | | | | | | | | | | |
|  | Written agreement for commercial support | | | | | | | | | | |