|  |  |  |  |
| --- | --- | --- | --- |
| 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  |