

**COLLEGE OF MEDICINE  
CONTINUING MEDICAL EDUCATION**

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**CME ACTIVITY DIRECTOR'S CHECKLIST**

Many applicants inadvertently omit some items. Please check to be sure your proposal includes:

- |   |  |   |   |
|---|--|---|---|
| 9 | Planning Notes; if applicable, include how evaluation data from last year will be used | 9 | Draft copy of brochure/flyer  |
| 9 | Objectives written in behavioral terms   | 9 | Disclosure forms signed by all Activity speakers/panelists  |
| 9 | How objectives relate to activity's educational methods                                | 9 | How Activity Director resolved any conflicts of interest  |
| 9 | Budget, please indicate if zero (0)  | 9 | How disclosure will be made to participants   |
| 9 | Budget, please indicate who will cover any deficit                                     | 9 | Signatures of UIC Activity Director and sponsoring department Head  |
| 9 | Evaluation Summary from the previous activity (eg., last year's)                       | 9 | If applicable, commercial support agreement/s signed by agency or Pharmaceutical company, etc.  |
| 9 | Evaluation Form to be used   | 9 | If applicable, joint sponsorship agreement signed by the non-ACCME accredited sponsor (e.g. agency, association, specialty society, communications company, etc.) |
| 9 | Outcome measure to be used   |   |   |
| 9 | Outcome summary if renewal activity  |   |   |

**Two weeks after the activity, please submit the following:**

**How disclosure was made - signed by the Activity Director**

**Evaluation summary - including number of participants, number of MDs & DOs, number of MD/DO evaluations returned, numeric & narrative summary of data and what changes will be made next time.**

**Attendance list including typed name, address, title, and number of credits for each participant.**

*Revised 9/1/05*