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

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