

**FOLLOWING CERTIFICATION OF YOUR CME ACTIVITY:**

**Two weeks** after the activity, please submit the following to the CME office:

1. **How speaker financial disclosure was made** - signed by the Activity Director.\*
2. **Evaluation summary** - include number of participants, number of MDs & DOs, number of MD/DO evaluations returned, numeric & narrative summary of data and changes to be made next time based on participant and planning committee suggestions.
3. **Outcomes** - To be submitted as outlined in your CME application; results of follow-up emails, phone calls, surveys, etc. which measure the long-term impact of your activity on physician behavior and patient care (ie, diagnosis, treatment, therapy, prevention, etc.).
4. **Attendance list** - including typed names, addresses, titles, and number of credits (hours) earned by each participant.
5. **Final budget** - including commercial support letters of agreement.

**If the above materials are not received in a timely fashion, credit will not be given to participants and certification for this and future CME activities will be affected. Thank you for your cooperation.**

**DISCLOSURE OF INTEREST VERIFICATION FOR CME ACTIVITIES**

**Please print:**

NAME OF ACTIVITY \_\_\_\_\_

ACTIVITY DIRECTOR \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ ACTIVITY DATE \_\_\_\_\_

I certify that disclosure of financial interest for all speakers at the above-named CME activity were examined and any conflicts of interest resolved beforehand. Disclosure to participants was made in the following way:

\_\_\_\_\_ Verbal - as part of introduction

\_\_\_\_\_ Written - as part of hand-out

\_\_\_\_\_ Written - on a slide

\_\_\_\_\_ Other - describe \_\_\_\_\_

**As required by the ACCME *Standards for Commercial Support of Continuing Medical Education*, speakers disclosed any unlabeled or investigational uses of any commercial products mentioned.**

\*Signed \_\_\_\_\_