

CME Batch Closeout Form

(for CME courses offered multiple times)

Instructions: Complete and submit this form to close out the CME documentation for a batch (several sessions or dates of participation) of completions for a CME course that is offered multiple times throughout the year and to ask us to issue CME certificates for it.

Activity Title:		
Batch Dates: (Batch Dates - enter the dates meetings were offered for live courses, or enter the range for enduring materials)		
Activity Medical Director:		
Activity Coordinator:		
Participation:	Physicians:	Non-Physicians:

CME Certificates:	
How many learners will receive a CME credit certificate for this activity?	
How would you like us to issue the certificates of participation?	<input type="checkbox"/> Mailed to each attendee <input type="checkbox"/> Email a PDF to the Activity Coordinator
CME Credit for Speakers: Speakers may <u>not</u> receive CME credit through this activity for giving a presentation at this activity, so your attendance report should not give your speaker(s) credit for giving their presentation(s). However, speakers can request CME credit directly through the AMA for their presentation(s).	
Required Attachment #1: Attendance Report showing the first name, last name, degree, and hours attended for each attendee receiving CME credit. The report needs to be an Excel spreadsheet. If you want to have the CME credit certificates sent directly to attendees, your attendance report also needs to include the email address (if you want them emailed) or the address, city, state, and zip code (if you want them mailed) for each attendee.	
Required Attachment #2: Summary of the Evaluations: We are required to evaluate your CME activity to ensure whether the audience perceived significant commercial bias in the CME content or not and as a source of feedback for the activity. You must provide us with a summary of the evaluation feedback received for this batch.	

ATTESTATIONS: Please read the following attestations. By signing you agree to abide by the policies and regulations addressed in this form.	
<ul style="list-style-type: none"> I attest that the attendance report provided is accurate and commensurate with participation to the best of my knowledge. I attest that all information provided through this closeout form and the supporting documents is accurate and complete. 	
SIGNATURE: Activity Medical Director or Coordinator (typed or signed)	DATE:

Office of CME Use Only		
Certificates - Created by: _____	Delivery Method: <input type="checkbox"/> Mail or <input type="checkbox"/> Email	Date Issued: ___/___/___
Issued via: <input type="checkbox"/> Individually, sent to each Physician or <input type="checkbox"/> All certificates to: _____		
CME Closeout Approval - _____ Victor Carrozza, CME Director	Documentation Completion Date: ___/___/___	
PARS Activity ID: _____		