

CME Activity Closeout Form

Activity Title:	Activity Date(s):
Activity Location:	
Activity Medical Director:	
Activity Coordinator:	

Total Hours CME Provided				
Hours of CME per Meeting or Course	X	Number of Times Offered <small>(some CME activities meet more than once)</small>	=	Total Hours of CME
	X		=	
	X		=	
Distribution of Certificates: <input type="checkbox"/> Mail or <input type="checkbox"/> Email				

Participation Summary: <small>(Please include all attendees, whether they receive AMA PRA Category 1 credit or not.)</small>	
*Physicians <small>(MD / DO)</small>	
*Non-Physicians <small>(PhD / PA / NP / FNP / RN / LPN / Other)</small>	
Residents / Fellows	
Students	
**Total Participation	

Attachments:
<input type="checkbox"/> Participation Report (Excel spreadsheet with First Name, Last Name, Degree, Number of hours CME, Email Address, Mailing Address)
<input type="checkbox"/> Evaluation Summary
<input type="checkbox"/> Letter of Agreement <small>(if commercial support was received)</small>

*For CME Courses and Enduring Materials, this is simply the number of people who participated, but for Regularly Scheduled Series or Journal Clubs with multiple meetings this is the sum of the attendance totals from all meetings. For example, if the series met twelve times and had 20 attendees at each meeting, then the total attendance would be 12 x 20 = 240.

**For CME Courses or Enduring Materials, simply count each physician and non-physician once (even if they participated multiple times). For Regularly Scheduled Series or Journal Clubs, count each physician and non-physician each time they attend. For example, if the same 10 physicians attended each of the 12 meetings at your CME activity, you should enter that as 10 x 12 = 120 physicians (even though there are only 10 physicians).

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 Participation Report provided is accurate and commensurate to the best of my knowledge. I attest that all education provided at this CME activity was a) the same speakers & topics approved by the Office of CME, b) within the scope of the Learning Objectives on the CME Credit Application for this activity, c) evidence-based, d) free from promotion, and e) <u>not</u> biased by commercial interests. I attest that all individuals in a position to control the planning, content, implementation, & evaluation of this activity completed a Commercial Independence form prior to the activity. I attest that the learning objectives, the AMA credit and Accreditation statement, any relevant financial relationships (or lack thereof) for all speakers, and any commercial support received for this activity (if applicable) were disclosed to the learners at this activity. 	
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: _____		