**CME Activity Closeout Form**

UT College of Medicine Office of Continuing Medical Education

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|  |
| --- |
| Activity Title: |
| Activity Dates: Activity Location: | Activity Medical Director: Activity Coordinator: |

1. **Total Hours of CME** = **Number of approved *AMA PRA Category 1 CreditsTM*** x **Number of sessions**

= x

1. **Attendance - How many attendees will receive a CME credit certificate for this activity? What was the Total Attendance for this activity?**

The Total Attendance is the sum of all attendees from every session of this CME activity. For example, if the activity only had 1 session with 20 attendees, the Total Attendance is 1 x 20 = 20. But if the activity had 12 sessions with 20 attendees per session, then the Total Attendance is 12 x 20 = 240.

**Of your Total Attendance, how many are physicians? How many are non-physicians?** For CME activities with multiple sessions, count each physician and non-physician each time they attended. For example, if the same 10 physicians attended each of the 12 sessions at your CME activity, you should enter that 10 x 12 = 120 are physicians (even though there are actually only 10 physicians/people).

**Required Attachment #1:** An Attendance Report showing the first name, last name, 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 address, city, state, and zipcode for each attendee. [Click here](http://www.utcomchatt.org/cme/closeout) or visit [www.utcomchatt.org/cme/closeout](http://www.utcomchatt.org/cme/closeout) to download attendance report templates. **CME Credit for Speakers**: Speakers cannot 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 from the AMA for their presentation(s).

**ATTESTATION:** *I attest that the attendance report provided is accurate and commensurate with physician participation to the best of my knowledge.* (Initials of Activity Medical Director or Activity Coordinator).

1. **Promotional Tools** – Please count all of the marketing tools – **printed and digital** – that were used to promote this activity. Your count should include brochures, invitations, newsletters/E-newsletters, webpages, etc. as well as any emails, save-the-date announcements, and other correspondences that simply reminded people about the activity.

# How many Promotional Tools were used to promote this activity?

(NOTE: Only count the number of marketing *tools* used. For example, if your only promotional tool was a brochure invitation and you sent it to 1,000 people, you only had 1 promotional tool.)

1. **Required Statements for all Promotional Materials** – Per page 6 of the [CME Credit Application,](http://utcomchatt.org/docs/CME_Credit_Application_and_Activity_Summary.doc) the AMA Credit statement and the Accreditation statement should have been included on all [Promotional Materials](http://utcomchatt.org/subpage.php?pageId=1137&amp;promotional_material) – printed and digital – for this activity. Promotional Materials include all materials that are used to promote the activity such as brochures, announcements/invitations, newsletters, emails, E-newsletters, webpages, etc,.

# Please list all Promotional Materials for this activity that included the AMA Credit & Accreditation statements:

## **Commercial Independence forms** – All planners, speakers, and everyone else in a position to control the planning, content, implementation, & evaluation of a CME activity are required to complete a Commercial Independence form, and any potential [conflicts of interest](http://utcomchatt.org/subpage.php?pageId=1137&amp;conflict_of_interest) must be resolve prior to the activity (per page 7 of the [CME Credit Application](http://utcomchatt.org/docs/CME_Credit_Application_and_Activity_Summary.doc)).

**ATTESTATION:** *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 and that all conflicts of interest were resolved prior to the activity*. (Initials of Activity Medical Director or Activity Coordinator): [(SCS: 2.1)](http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support)

1. **Review of Educational Materials** – Per the CME Credit Application, the Activity Medical Director and Activity Coordinator are responsible for reviewing all [educational materials](http://utcomchatt.org/subpage.php?pageId=1137&amp;educational_material) (slideshows, handouts, etc) for this activity prior to the activity for compliance with the policies outlined in the [*Commercial Independence form for Speakers*.](http://utcomchatt.org/docs/Commercial_Independence_form_for_Speakers.doc)

**ATTESTATION:** *I attest that all presentation materials were reviewed prior to the activity and that the final presentations adhered to the policies in the Commercial Independence form for Speakers*. (Initials of Activity Medical Director or Activity Coordinator):

1. **Commercial Support** – Commercial support is monetary or in-kind contributions from a *commercial interest* used to pay all or part of the costs of a CME activity. (A commercial interest is an entity that produces, markets, re-sells, or distributes health care goods/services consumed by or used on patients; providers of clinical service directly to patients are not considered commercial interests.) Exhibitor income is not commercial support. All commercial support (financial or

in-kind) received for this activity must be disclosed to the UT College of Medicine.

**Was commercial support received for this activity?** Yes No, *skip to section 8*

## If Yes, list all commercial support (financial or in-kind) that was received for this activity:

|  |  |
| --- | --- |
| **Commercial Interest/Organization and Description of Designated Use:** | **Amount:** |
|  |  |

**ATTESTATION:** *I attest that all commercial support received for this conference is disclosed above*. (Initials of Activity Medical Director or Activity Coordinator):

1. **Discussion of Off-Label Use** – “Off-label use” is when medical drugs, devices, or services are used in ways that are not approved by the United States Food and Drug Administration..

**Were any off-label uses discussed at this conference?** Yes No*, skip to next page*

## If Yes, please list all off-label uses that were discussed:

|  |  |  |
| --- | --- | --- |
| **Name:** | **Name of Drug/Device:** | **Off-Label Usage Discussed:** |
|  |  |  |

**ATTESTATION:** *I attest that all off-label use discussed at this activity is listed above disclosed as such to the audience*. (Initials of Activity Medical Director or Activity Coordinator):

## **Disclosures to Learners** – Per the [CME Credit Application](http://utcomchatt.org/docs/CME_Credit_Application_and_Activity_Summary.doc) (*page 9*), several pieces of information must be disclosed to the learners at a CME activity: **1)** the Learning Objectives, **2)** the AMA Credit statement and Accreditation statement, **3)** the relevant financial relationships (or lack thereof) for all speakers, **4)** any commercial support received for this activity (if applicable), and **5)** any off-label uses that are discussed (if applicable).

**ATTESTATION:** *I attest that this information (where applicable) was disclosed to learners at this activity*. (Initials of Activity Medical Director or Activity Coordinator):

**Required Attachment #2:** You must provide a handout (or several handouts) that was provided to the learners at this activity that disclosed the following 5 pieces of information: **1)** the Learning Objectives, **2)** the AMA Credit statement and Accreditation statement, **3)** the relevant financial relationships (or lack thereof) for all speakers, **4)** any commercial support received for this activity (if applicable), and **5)** any off-label uses that are discussed (if applicable).

## **Summary of the Evaluations** – Evaluations are used to ensure that the audience did not perceive commercial bias in the presentation(s) and as a source of feedback for the conference. You must summarize the responses from your evaluations.

**Required Attachment #3:** A summary of the responses from your evaluations. Evaluation summaries can be as simple as indicating the number of people that responded a certain way for each question but can also include more elaborate statistical analysis.

1. **Budget** – All educational activities must include a final budget report showing the revenues and expenses. [(SCS: 3.13)](http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support)

**Required Attachment #4:** A report showing the revenues and expenses for this conference. If commercial support was received, the budget needs to specify how the funds from the commercial entity were used and (if applicable) indicate any unused revenue that will be returned to the commercial interest.

**ATTESTATION:** *I attest that the final budget provided is accurate and contains all revenues and expenses.* (Initials of Activity Medical Director or Activity Coordinator).

**CLOSEOUT DOCUMENTATION CHECKLIST**

**The following documents must be provided with closeout.** Check the boxes to indicate attachments you have already assembled so that you know which ones you still need as you prepare your closeout documentation.

Attachment #1: **An Attendance Report** for this activity. *(see section 2, page 1)*

Attachment #2: **Documentation showing that the 5 necessary disclosures were provided to learners at this CME activity.** *(see section 9, page 3)*

Attachment #3: **A Summary of the Evaluations** for this activity. *(see section 10, page 3)*

Attachment #4: **A Final Budget** showing all revenues and expenses for this activity. *(see section 11, page 3)*

Visit [www.utcomchatt.org/cme/closeout](http://www.utcomchatt.org/cme/closeout) for templates and other resources for the required documentation.

**ATTESTATION & SIGNATURES**

*I attest that all information provided through this closeout form and the supporting documents is accurate and complete to the best of my knowledge.*

Signature of Activity Medical Director (typed or signed) Date

Signature of Activity Coordinator (typed or signed) Date

**Office of CME Use Only**

Certificates Created by:\_ Date Issued: /\_ /\_ Issued by: Email

Mail

Credits were Issued: In Mass, sent to: Individually, sent to each Physician