UT College of Medicine Office of Continuing Medical Education



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**CME Session Closeout Form** – for a single session of a multi-session series

Use this form to close-out an individual session of a multi-conference series.

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| --- | --- |
| **Activity Title**: | |
| **Session Number**: (for example, if this is the 4th session so far this calendar year) **Session ID**: (if applicable) | |
| Activity Date: Activity Location: | Activity Medical Director: Activity Coordinator: |

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

# What was the Total Attendance for this session?

**Of your Total Attendance, how many are physicians? How many are non-physicians?**

**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 email address (if you want them emailed) or the address, city, state, and zipcode (if you want them mailed) 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. **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 #2:** 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.



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

**ATTESTATION & SIGNATURE**

*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 or Coordinator (typed or signed) Date

**Office of CME Use Only**

**Certificates –** Created by:\_\_ Delivery Method: Email

Mail

Date Issued: /\_ /\_

Issued via: In Mass, sent to: Individually, sent to each Physician

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