# Enduring material quarterly Report

*For enduring materials, this report and accompanying documents should be submitted on a quarterly basis and upon closure of the activity.*

*Please provide the following information regarding the CME activity:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Activity:** | |  | | --- | |  | | | |
| **Quarter and Year of Report**  See schedule below.  Ex/ Quarter 1 - 2024 | |  | | --- | |  | | | |
| **Contact Person:** | Name: | |  | | --- | |  | | |
| Email: | |  | | --- | |  | | |
| **Participants:**  Please report all learners, not just those claiming CME, for the quarter | Number of Physicians: | |  | | --- | |  | | |
| Number of Other Learners: | |  | | --- | |  | | |
| **Registration Fees**  If this activity included a fee for participants, please report the following: | Total income from registration fees this quarter: | |  | | --- | |  | | |
| **Additional Learner Information to Submit for the Quarter** | **Attendance List** with names of ALL participants from the quarter | | |
| **Physicians Claiming CME Spreadsheet** | | |
| **Learner change information** for the activity (e.g., **evaluation summary**) | | |
| **Please be sure to send out CME Certificates and Certificates of Participation to Learners.** | | | |
| **Materials** **should be sent to (email preferred):** | | | |
| **Mail:**  Elizabeth Ciccarelli  Director of CME  Hanley Center for Health Leadership and Education  PO Box 190  Manchester, ME 04351 | **Fax:**  207-622-3332  Attention: Elizabeth Ciccarelli | | **Email:**  [eciccarelli@mainemed.com](mailto:eciccarelli@mainemed.com) |

**Enduring Material Quarterly Report Schedule:**

**Quarter Reporting Time Period Report Due**

1 January – March April 30th

2 April – June July 31st

3 July – September October 31st

4 October – December January 31st