CME Activity Application Checklist

**Use this checklist to make sure you have included all the required pieces for the CME Activity Application Process.**

**Activity Information**

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| --- | --- |
| **Activity:** |  |
| **Dates:** |  |

**Have the following been included in the Activity Application?**

|  |  |
| --- | --- |
|  | **Payment** Amount:Paid by: Credit Card or Check – An invoice will be sent if payment does not accompany the application |
|  | **Joint Providership Agreement**  - To be submitted one time by a Joint Provider organization. Once an Agreement is on file, it does not need to be submitted with subsequent applications |
|  | **CME Application** |
|  | **Brochure/Announcement/Agenda** – with Joint Providership Statement and AMA Credit Designation Statement, and Opioid Prescribing Education Statement, if applicable |
|  | **CVs/Resumes/or Bios of Speakers** |
|  | **Financial Relationships Disclosure(s)** from ALL planners, faculty, and reviewers (anyone in control of content) |
|  | **Mitigation Form** **– if mitigation is needed** for relevant financial relationships with ineligible companies |
|  | **Evaluation Form** - with Joint Providership Statement, AMA Credit Designation Statement, and Opioid Prescribing Education Statement, if applicable; question asking, “what changes will you make to your practice as a result of this activity?”* Include a method for asking learner consent to have CME credits reported
 |
|  | **Certificate of Completion** – with title, dates, AMA Credit Designation Statement, Accreditation Statement, opioid prescribing education statement if applicable, activity type, number of CMEs awarded |
|  | **Commercial Support Letters of Agreement** – **If commercial support is received** from an ineligible company, signed letters of agreement must be submitted with the application. |

**Keep in mind:**

* You will need to report on the number of physicians and the number of other learners that attended the event. The sign-in sheet or other method of attendance record used, should have a way to collect credentials of the learners or otherwise distinguish between physicians and non-physicians.
* You will need to submit proof of relevant financial relationship disclosure and commercial support disclosure, if applicable. Make sure this is given in writing.

**Have the following been submitted after the event?**

**Submit post-activity materials within 45 days following the activity**

|  |  |
| --- | --- |
|  | **Post-CME Activity Report** – includes number of physicians and other learners and financial information |
|  | **Attendance Sheet(s) –** Listing all who participated in the activity |
|  | **Physicians Claiming CME Spreadsheet** - Completed for physicians (MDs and DOs) who have agreed to allow MMET to report credits earned on their behalf. Others earning credit or participating can be listed on the spreadsheet and highlighted in red. |
|  | **Relevant Financial Relationships Disclosure to Learners Evidence** – (e.g., slide, verbal record, sign-in sheet) |
|  | **Evaluations/Evaluation Summary** |
|  | **Commercial Support Tracker** if there were monetary or in-kind grants received |
|  | **Proof of Commercial Support Disclosure to Learners** if there were monetary or in-kind grants received**.** |