# **Blue text on a black background  Description automatically generated**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:*

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| **Title of Activity:** |

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| **Quarter and Year of Report**See schedule below.Ex/ Quarter 1 - 2024 |

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| **Contact Person:**  | Name: |

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| Email: |

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| **Participants:**Please report all learners, not just those claiming CME, for the quarter | Number of Physicians: |

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| Number of Other Learners: |

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| **Registration Fees**If this activity included a fee for participants, please report the following: | Total income from registration fees this quarter: |

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| **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 CiccarelliDirector of CMEHanley Center for Health Leadership and EducationPO Box 190Manchester, ME 04351 | **Fax:**207-622-3332Attention: Elizabeth Ciccarelli | **Email:**eciccarelli@mainephysicians.org  |

**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