



FOLLOW-UP AFTER ACTIVITY

Episodic Activities:

Two weeks after the activity, please submit the following to the CME office:

1. **Disclosure of Interest Verification** – signed by Activity Director, attach written copy if used
2. **Evaluation Summary** – include total number of participants, number of physicians (do not include residents), number of physician evaluations returned, numeric and narrative summary of data and changes to be made next time based on participant and planning committee suggestions.
3. **Attendance** – include typed name, title and address for each physician and number of other participants
4. **Final Budget** – include all sources of income and all actual expenses
5. **Outcomes** – to be submitted as outlined in your CME application; results of follow-up emails, phone calls, surveys, etc, which measure the long-term impact of your activity on physician behavior and patient care (i.e., diagnosis, treatment, therapy, prevention, etc) after timeframe listed in application (3 months post conference, etc)

Regularly Scheduled Conferences (Ongoing Activities):

At regular intervals throughout the year, **but no less than quarterly**, please submit to the CME office for each session:

1. **Disclosure of Financial Interest** – for all speakers, moderators, panelists
2. **Resolution of Conflict of Interest** – if necessary, based on speaker's disclosure, completed by Activity Director
3. **Disclosure of Interest Verification** – signed by Activity Director, attach written copy if used
4. **Evaluation Summary** – include total number of participants, number of physicians (do not include residents), number of physician evaluations returned, numeric and narrative summary of data
5. **Attendance** – typed list of all physicians (do not include residents), number of other participants, address for new physicians
6. **Announcement/Flyer** – weekly flyers, monthly flyers, etc, as appropriate

If the above materials are not received in a timely manner, credit will not be given to participants and certification for this and future CME activities will be affected. Thank you for your cooperation.