

Joint Provider:

Activity:

Activity Date:

Column1	Information Needed	Received (Y/N)
Joint Provider (responsible for)	Completed CME application	
	Planning notes, minutes, etc.	
	Brochure/program book/announcement/copy of all docs/screenshots advising learners about activity)	
	Learning objectives from all speakers	
	Detailed FINAL agenda/outline showing activity schedule, length of sessions/modules, topic/content description of each session/module, and logical sequencing of topics to achieve activity objectives to determine amount of CME credit that will be designated for the activity	
	Roster of all individuals involved with planning and reviewing content (planning group/editorial board/advisory board/ committee members/COI resolvers/staff, etc)	
	Roster of all individuals involved with creating and delivering content (faculty/authors/subject matter experts/moderators, etc)	
	Disclosure forms for ALL individuals in control of content	
	Evidence that you implemented your mechanism(s) to resolve conflicts of interest for all individuals in control of content prior to the start of the activity (all completed COI forms/audit reports that document how all relationships were resolved	
	Evaluation Summary	
	Participant List	
	Payment for CME Credits	
	Submit if the activity is an enduring material, internet enduring material, or journal-based CME	
	The CME product or if online the url & login info (submit archived version of this activity in its entirety as it must be retained for a minimum of 6 years – hard copy, electronic version of activity, screenshots, or pdf)	
	Submit if the activity received financial support	

	The income and expense statement for this activity that details the receipt and expenditure of all the commercial support (final budget that lists all income and expenses)	
	Each executed commercial support agreement for the activity (all signed letters of agreement, LOAs, and any other financials agreements for all income and/or in-kind support received for the activity)	
	The commercial support disclosure information as provided to learners (copy of how you disclosed all sources of financial/in-kind support to learners before activity started - grid, verification requirements, etc)	
LA AAP (responsible for)	CME application	
	Speaker forms	
	CME credit statements	
	Evaluation questions	
	Verification Requirements	
	Participant List Template	
	LOA (if commercial support is received)	
	CME certificate template	
	Invoice for CME credits	
	Send out 6 week follow up survey	
	Enter activity in PARS	
Speakers (responsible for)	Speaker information form	
	Activity planning form	
	Disclosure form	
	CV	
	Bio	
	Professional Photo	
	Presentation	