

POST ACTIVITY REQUIREMENTS

Within 30 days after the education program, the following should be submitted to the Division of Member Services:

1. A report from the on-site Governor, which includes an overall summary of the CME Program
2. A summary of the evaluations that were completed by the participants
3. [An electronic Excel file \(or similar electronic file\) that includes the names of the participants and the number of CME credits earned by each participant](#)
4. Two copies of the final program brochure
5. A copy of each CME planner and faculty disclosure form
6. A copy of the disclosure information sheet, which lists all faculty members
7. A copy of each commercial support agreement that was in effect during the education program
8. Current revenue and expense report (if applicable) to document the use of commercial support grants

Evaluation Summary Example

Activity Name:

The total number of participants for the course:

Location:

The total number of evaluations returned:

Dates of Activity:

Percent of evaluations returned:

Cumulative Ratings:

- Program topics and content was consistent with printed objectives - *insert rating*
- Content of course was relevant to my educational needs - *insert rating*
- Discussion time was adequate and enhanced understanding of subject - *insert rating*
- Acquired knowledge will be applied in my practice environment - *insert rating*
- Supplemental written materials helped clarify course content - *insert rating*
- Room and facilities were appropriate for the course - *insert rating*
- I will seek additional information on this subject - *insert rating*
- Program was fair, objective, and unbiased toward any product or program - *insert rating*
- Overall, how would you rate this session/course? - *insert rating*

Comments about the program:

All comments, criticisms, and suggestions should be included in the summary.

Revenue/Expense Report Example

| Revenue | Total |
|----------------------|-------|
| Registrations | |
| Grants/Sponsorships* | |
| Exhibits | |
| Total Revenue | |

| Expenses | Total |
|-----------------------|-------|
| Printing | |
| Postage | |
| Honorarium | |
| Travel | |
| Supplies | |
| Food & Beverage | |
| Room Rental | |
| Total Expenses | |

| Sponsorships* | Amt. Received |
|---------------|---------------|
| Aloka | |
| B & K Medical | |