CME Coordinator Check-List

Title of Activity:  
Date of Activity: 
CID #

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>CME Coordinator Checklist</td>
<td>Use as a guide for paperwork</td>
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| Speaker Confirmation Packet | Packet should include the following – include copy of letter in packet to CME office. Speaker Confirmation Letter  
- include the date that the Discloser Form, Handouts and CV (if applicable) are due to you (give yourself at least two weeks)  
- include Objectives  
- If Speaker is not a MH Employee a CV must be sent via email to you |
| Conflict of Interest – Resolution of COI | When speaker returns signed Discloser Form - the Activity Director must review and complete a Resolution of COI Form (unless speaker states he/she has no commercial affiliation nor will discuss off label products) |
| Syllabus | Required for each activity and must include Date, Time, Title of Activity, Location, Speaker Name(s), Objectives, Target Audience, Brief Description, References (in lieu of handouts), Speaker Discloser (see Syllabus Policy on MIV), CME Accreditation & Designation Statements & if applicable any known commercial support acknowledgement(s) |
| Publicity/Brochure | The CME Office must approve any Brochure prior to final printing  
Publicity must include Date, Time, Title of Activity, Location, Speaker Name(s), Objectives, Target Audience, Brief Description, CME Accreditation & Designation Statements & if applicable any known commercial support acknowledgement(s) |
| Needs Assessment Form | Required for each activity, check reason activity is being offered, include documentation of proof i.e. (minutes, email request, etc) |
| Summary Evaluation Form – Keep a copy in department | Send CME Summary Evaluation Report from myevaluations.com |
| Thank You Letter to Speaker | Send a copy of the letter with packet – send a copy of the Summary Evaluation to Speaker |
| Grants/Exhibit Fees | Signed Commercial Support Agreement and/or Exhibit Fee form(s) if not attached to check deposit form(s) |

QUICK REFERENCE
CV (required for Non-MetroHealth Employees) ____

Include the following in Packet  
Send to CME Office within 2 – 3 weeks after conclusion of activity – do not staple
____ CME Coordinator Checklist on file Original Disclosure Form
____ Resolving Conflict of Interest Form _____ Syllabus
____ Handout(s) ____ Needs Assessment/Gap Analysis
____ Publicity/Brochure ____ Copy Speaker Confirmation & Thank You Letters
____ Attendance Sheet ____ Summary Evaluation Form
____ Commercial Support (all originals) ____ Misc/Other Information

Questions Call CME Office – 778-5281  
Fax paperwork to 216-957-0493

Written: May 2004  
Reviewed:  