



CME Coordinator Check-List

Title of Activity:

Date of Activity:

CID #

ITEM	DESCRIPTION
CME Coordinator Checklist	Use as a guide for paperwork
Speaker Confirmation Packet	Packet should include the following – include copy of letter in packet to CME office. Speaker Confirmation Letter <ul style="list-style-type: none"> - 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 Discloser Form
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 Keep a copy in department	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

G:\CME\Forms\CME Coordinator Checklist.doc

Written: May 2004

Reviewed:

Revised: September 2004, January 2007, March 26, 2007, September 2010, January 2011, June 2014, June 2015, February 2019, July 2020