

**NAME OF CME JOINT PROVIDER:**

**TITLE OF ACTIVITY:**

**DATE OF ACTIVITY:**

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| **Date Submitted**  | **DOCUMENTS – Required Activity Documentation to Qualify for CME Designation**  |

**Submit prior to the activity date(s):**

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|  | **CME Activity Planning Application**, the **Pre-activity** **Agenda** that lists speakers and presentation titles and content, and **Planner Disclosures** for UMA Foundation’s approval. *Note: If this activity is an enduring material, journal-based CME, or Internet CME, please include the actual CME product and a URL and access code, once the educational content is available.* |
|  | Any save-the-date notices and any other **promotional materials/announcements** publicizing the activity. *Note: All publicity for the activity must be approved by the UMA Foundation prior to release. Promotional materials may not include any mention of CME unless the activity has been approved.*  |
|  | Collect and submit planner and presenter disclosures to **identify** **relevant financial relationships** of all individuals in control of content.  |
|  | When relevant financial relationships are identified, provide **evidence of mitigating any conflict of interest** forall individuals in control of content prior to the activity start date.  |
|  | The **method of disclosure to be provided to learners** about relevant financial relationships of each individual in a position to control the content, including planners and presenters. Or the learner disclosure of the absence of relevant financial relationships. See CME Statement Required & Conflict of Interest Disclosures to Learners.  |
|  | Your proposed **evaluation tool** to gather data or information about changes achieved in learners’ competence, performance, or patient outcomes according to the activity learning objectives. *Note: When conducting a post-activity evaluation, provide a summary of what information will be assessed and the method to be used to conduct the assessment. Please indicate the intended date for submission to the UMA Foundation for approval.*  |
|  | The **ACCME accreditation statement** for this activity as provided to learners. *Note: The accreditation statement must be included on publicity materials, where CME is being promoted.*  |

**If the activity is being COMMERCIALLY SUPPORTED, submit prior to the activity date(s):**

|  |  |
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|  | Each executed **commercial support agreement** for the activity.   |
|  | The commercial support **disclosure provided to learners**.  |

**After the activity has been completed, submit within one month after completion of the activity:**

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|  | The ***final* activity agenda** that lists speakers and presentation titles and content.  |
|  | **Attendance roster with credentials** (physician and non-physician) of those who attended the course.  |
|  | An **evaluation summary** of the data or information collected from this activity about changes achieved in learners’ competence or performance or patient outcomes. See “evaluation tool” listed above.  |
|  | **Revenue budget disclosure**, including income from commercial support, exhibitors/vendors, registration fees, government grants, and private donations.  |

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