

Continuing Medical Education ACTIVITY MATERIALS REQUIREMENTS

A draft of ALL activity materials (such as save-the-date cards, brochures, journal advertisements, flyers, course handouts, and course evaluations) must be submitted to the CME Office for review and approval prior to printing and distribution. *CME credit may not be mentioned until the above has been approved.*

BROCHURE

Information to be included on your brochure:

- Date of activity
- Name of activity
- Course objectives
- Agenda
- Registration form information – name, degree, email address are required
- Off-label disclosure statement
- Learner assurance statement
- Disclaimer statement
- Faculty disclosure declaration
- Speaker & planning committee disclosures (speaker, course director, all planning committee members including the UC Continuing Medical Education associate, and anyone else – writers, editors, etc. – who can influence/control content)
- Acknowledge of commercial supporter (see Requirements for Educational Grants), *if applicable*
- Accreditation Statement: University of Cincinnati Departments, *if applicable*
- Accreditation Statement: Jointly Provided/Educational Partners, *if applicable*

DISCLOSURE FRONT MATTER HANDOUT

The purpose of this handout is to inform your participants of any disclosures as they arrive for your activity. Remember, if a speaker has nothing to disclose, you must state “the speaker does not have anything to disclose” or “no relevant relationships.”

Information to be included on your handout:

- Date of activity
- Name of activity
- Course objectives
- Off-label disclosure statement
- Learner assurance statement
- Disclaimer statement
- Speaker & planning committee disclosures (speaker, course director, all planning committee members including the UC Continuing Medical Education associate, and anyone else – writers, editors, etc., who can influence/control content)
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- Accreditation Statement: Jointly Provided/Educational Partners, *if applicable*

COURSE SYLLABUS

Information to be included on your syllabus:

- Date of activity
- Name of activity
- Time of activity
- Location
- Target audience
- Course objectives
- Off-label disclosure statement
- Learner assurance statement
- Disclaimer statement
- Speaker & planning committee disclosures (speaker, course director, all planning committee members including the UC Continuing Medical Education associate, and anyone else – writers, editors, etc., who can influence/control content)
- Provided by the University of Cincinnati (UC approved branding template), *if applicable*
- Acknowledge of commercial supporter (see Requirements for Educational Grants), *if applicable*
- Accreditation Statement: University of Cincinnati Departments, *if applicable*
- Accreditation Statement: Jointly Provided/Educational Partners, *if applicable*

PROMOTIONAL MATERIALS

FLYERS ❖ ANNOUNCEMENTS ❖ EMAILS ANNOUNCEMENTS ❖ JOURNAL ADVERTISEMENTS

Information to be included on your promotional materials:

- Date of activity
- Name of activity
- Time of activity
- Location
- Target audience
- Course objectives
- Provided by the University of Cincinnati (UC approved branding template), *if applicable*
- Acknowledge of commercial supporter (see Requirements for Educational Grants), *if applicable*
- Accreditation Statement: University of Cincinnati Departments, *if applicable*
- Accreditation Statement: Jointly Provided/Educational Partners, *if applicable*

SAVE-THE-DATES

“Such announcements contain only general preliminary information about the activity such as date, location and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.” –Per the ACCME, **No mention of AMA PRA Category 1 Credit(s)TM until the activity has been approved.**

The following information can only be included on Save-the-Dates:

- Date of activity
- Name of activity
- Location

EVALUATION SUMMARY

Evaluations are very important and are required for continuing medical education accreditation. They also help aid in the planning, execution and continuous improvement of high quality continuing medical education activities. Evaluations can be in any format (paper, Survey Monkey, etc...)

Information to be included on your evaluation:

- Date of activity
- Name of activity
- Speaker(s) name
- Location of activity
- Course objectives
- Off-label disclosure statement
- Learner assurance statement
- Speaker & planning committee disclosures (speaker, course director, all planning committee members including the UC Continuing Medical Education associate, and anyone else – writers, editors, etc., who can influence/control content)
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- Accreditation Statement: Jointly Provided/Educational Partners, if applicable

The following questions should be included on your evaluations:

1. List the objectives:	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
2. Quality of speaker presentation:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
3. What percentage of information presented in this activity will be of use to you?*	<input type="checkbox"/> 0% <input type="checkbox"/> 20% <input type="checkbox"/> 40% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 100%
4. Number of patients with this condition you see per week:	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> 16 or more
5. Presentation was free from commercial bias:*	<input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” why?)
6. Presentation was evidence-based:*	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Presentation was balanced:*	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Probability of changing practice due to this presentation:*	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> No change necessary

*Required

INFORMATION & REQUIRED STATEMENTS FOR ACTIVITY MATERIALS

The information listed below contains examples of required statements/information you need to include on your activity materials (refer to the activity materials noted on pages one through three). **Please remember ALL activity materials must be submitted to the CME Office for review and approval prior to printing and distribution. CME credit may not be mentioned until the above has been approved.**

DISCLOSURES OF RELATIONSHIPS IN COMMERCIAL INTEREST

In accordance with the ACCME Standards for Commercial Support, the speakers for this course have been asked to disclose to participants the existence of any financial interest and/or relationship(s) (e.g., paid speaker, employee, paid consultant on a board and/or committee for a commercial company) that would potentially affect the objectivity of his/her presentation or whose products or services may be mentioned during their presentation.

The following disclosures were made: List ALL planning committee members' (including the CME office compliance coordinator, speakers', and program director's disclosures. If Dr. Gebhardt reviews a speaker's slides, please add his disclosure as well.

University of Cincinnati Physician Reviewer Disclosure Information:

Bruce Gebhardt, MD – No Relevant Relationships
Professor of Clinical, Physician Reviewer
Department of Family & Community Medicine
University of Cincinnati College of Medicine

University of Cincinnati CME Office Disclosure Information:
(Select the applicable CME Office associate only.)

Brandon Armstrong – Compliance – No Relevant Relationships
CME Program Coordinator – Regularly Scheduled Series Activities
Office of Continuing Medical Education
University of Cincinnati

Barb Forney – Compliance – No Relevant Relationships
CME Program Manager – Live & Enduring Activities
Office of Continuing Medical Education
University of Cincinnati

Jennifer Holzberger – Compliance – No Relevant Relationships
CME Program Coordinator – Live & MOC IV Activities
Office of Continuing Medical Education
University of Cincinnati

Heather Muskopf – Compliance – No Relevant Relationships
CME Program Manager – Enduring Material Activities
Office of Continuing Medical Education
University of Cincinnati

Susan P. Tyler, MEd., CMP, CHCP, FACEHP - No Relevant Relationships
CME Director
Office of Continuing Medical Education
University of Cincinnati

REQUIRED STATEMENTS

The following are the required statements with the correct wording. Do not alter these statements.

ACCREDITATION & DESIGNATION STATEMENT

Accreditation Statement for Directly Provided Activity, if applicable
(University of Cincinnati Departments)

The University of Cincinnati is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Cincinnati designates this [insert learning format*] activity for a maximum of [insert number of credits] AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement for Jointly Provided Activity (Educational Partners)

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of Cincinnati and [insert educational partners]. The University of Cincinnati is accredited by the ACCME to provide continuing medical education for physicians.

The University of Cincinnati designates this [insert learning format*] activity for a maximum of [insert number of credits] AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

*AMA Learning Format Options	
<ul style="list-style-type: none">• Live• Enduring Material• Manuscript Review• PI CME	<ul style="list-style-type: none">• Journal-Based CME• Test-Item Writing• Internet Point-of-Care

COMMERCIAL ACKNOWLEDGEMENT STATEMENT

We gratefully acknowledge the following company(ies) for their educational grant(s) in support of this educational activity.

Please list the commercial supporters and, if you have exhibitors, identify them as **exhibitors**.

You are only authorized to acknowledge commercial supporters if:

1. Letter of Agreement has been fully executed.
2. Letter of Agreement is in the Legal Department for review/signature.
3. Letter from the commercial supporter has been sent to the CME Office stating that the commercial supporter will support the program and that a Letter of Agreement is forthcoming.

DISCLAIMER STATEMENT

The opinions expressed during the live activity are those of the faculty and do not necessarily represent the views of the University of Cincinnati. The information is presented for the purpose of advancing the attendees' professional development.

FACULTY DISCLOSURE DECLARATION

According to the disclosure policy of the University of Cincinnati College of Medicine, all faculty, planning committee members, and other individuals who are in a position to control content are required to disclose any relevant relationships with any commercial interest related to this activity. The existence of these interests or relationships is not viewed as implying bias or decreasing the value of the presentation. All educational materials are reviewed for fair balance, scientific objectivity and levels of evidence. Disclosure will be made at the time of activity.

LEARNER ASSURANCE STATEMENT

The University of Cincinnati is committed to resolving all conflicts of interest issues that could arise as a result of prospective faculty members' significant relationships with drug or device manufacturer(s). The University of Cincinnati is committed to retaining only those speakers with financial interests that can be reconciled with the goals and educational integrity of the CME activity.

OFF-LABEL DISCLOSURE STATEMENT

Faculty members are required to inform the audience when they are discussing off-label, unapproved uses of devices and drugs. Physicians should consult full prescribing information before using any product mentioned during this educational activity.