**CME Activity Joint Provider Checklist**

All educational requirements for this CME activity are the responsibility of the organization making the application. The following information must be provided according to the timeline below.

|  |  |
| --- | --- |
| **Pre-Approval Documents (ALL ITEMS MUST BE RECEIVED FOR INITIAL CME APPROVAL)** | |
|  | Activity application  [*Use form provided*](https://nebmed.sharepoint.com/:w:/s/home/ESRguXDj_6lbotG7JzembGUBI9rnvHGMPdpdd8M-8xUicA?e=bzF0o7) |
|  | Activity fee: $500 per credit hour (one-time program).  *Invoice upon request* |
|  | Disclosure of relationships from all keynotes, moderators, panelists, presenters, and anyone involved in the activity.  [*Use form provided*](https://nebmed.sharepoint.com/:w:/s/home/ESp92CAaWBJAjVETf3dmaAcBimep0DCPZRRR30N63woNnA?e=hkZIRP) |
| **Pre-Activity Documents (ALL ITEMS MUST BE RECEIVED TWO WEEKS PRIOR TO EVENT)** | |
|  | CME statement listed on all materials where CME is mentioned.  [*Use verbiage provided*](https://nebmed.sharepoint.com/:w:/s/home/EbYZ_JEoZYVInXFXoVhCjlEBORuzL3dCbwCMMmmgd0GlzA?e=bSJwhQ) |
|  | List of commercial supporters, sponsors, exhibitors, and/or vendors (if applicable). |
|  | Method for disclosure of ‘any or no relationships’ to participants (handout, presentation slide, sign-in sheet, and/or verbal).  [*Use verbiage provided*](https://nebmed.sharepoint.com/:b:/s/home/EQdXSr0TYpRGvGYOyJEu5MwBG4YtRABNPxdXTXc0CgO7JA?e=8BtNMp) |
|  | Presentations and any handouts that will be used. |
|  | Program agenda, schedule, or invitation with [CME statement](https://nebmed.sharepoint.com/:w:/s/home/EbYZ_JEoZYVInXFXoVhCjlEBORuzL3dCbwCMMmmgd0GlzA?e=bSJwhQ) and [NMET logo](https://nebmed.sharepoint.com/:i:/s/home/ESbqlRsWyI9TkiMiqwvlcEQB04kKbttcmVlR9swjMlsp5g?e=AaxpJc). |
|  | Signed agreements with commercial supporters (if applicable).  [*Form available*](https://nebmed.sharepoint.com/:w:/s/home/ET2eNuYBcrVAu0zlXzb_qhIB-UvGSkAkbQCVP479F0T8RA?e=aTL2N8) |
| **Post Activity Documents** | |
|  | Attendee report or sign-in sheet.  [*Form available*](https://nebmed.sharepoint.com/:w:/s/home/EeYYWpdooxFWpI_az_i0Ld0BB2BpNvcXyRDxl4dU6AJ-yA?e=ZszKe5) |
|  | Budget sheet  [*Form available*](https://nebmed.sharepoint.com/:x:/s/home/Edv1YoGY2DVTlPCZf3XraNkBKDVcBg0x9PjAbhmkIwtdMQ?e=HZUAOf) |
|  | Evaluation, post-test, or survey response data.  [*Form available*](https://nebmed.sharepoint.com/:w:/s/home/Ee7vQ1lpXFRCmAJ8SqhqDW0Bx612J2HSOMiSz8WcQBkEmw?e=aVeFfJ) |