

GRAND RAPIDS MEDICAL EDUCATION PARTNERS

*****Form must be completely filled out or it will be returned *****

CME Activity: _____ Number: _____

Activity Location _____ Date _____

Target Audience _____

Presentation Title _____

Speaker(s) _____ # of Credit(s) _____

Is this activity supported by a commercial education grant? Yes No

If **Yes**, Commercial Supporter _____

Person submitting Form _____ Phone # _____ Mail Code _____

ACCME Standards require "the disclosure of the existence of a significant financial interest or any other relationship a faculty member or sponsor has with the manufacturers of any commercial products discussed in an educational presentation."

Did the speaker(s) disclose? Yes No Speaker Refused

Speaker, Physician Responsible, or Administrative Contact must sign to verify disclosure took place.

(Signature Required) _____

Signature

Activity Learning Objectives: Please list objectives for the presentation. This is **required** to be designated as *AMA PRA Category 1 Credit(s)TM*. The goals and objectives should contain discussion about addressing professional educational gaps. **At the end of the presentation the participant will be able to:**

An evaluation card must be legibly completed and returned with this signed Attendance Sheet to receive credit for this regular scheduled series.

(PLEASE PRINT) (Name & Degree)

(PLEASE PRINT) (Name & Degree)

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