

The credit supplies requested for your activity are enclosed. Certificates should be distributed to participants who require AMA PRA Category 1™ credit after they have completed the evaluation form for this activity. The certificate should be kept as part of their own personal records. Unused certificates of attendance should be returned to OCPD to minimize fees (see Financial Summary section below).

**Complete and return this form within 30 days post-activity**

**1. Activity Information**

Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Faculty Planner: \_\_\_\_\_ Administrative Contact: \_\_\_\_\_

**2. Individual Disclosure, Resolution of Conflicts of Interest, & Disclosure to Participants**

Complete the table below. If you have this information already available electronically, then simply include it as an attachment.

For each individual in control of content, list the name of the individual, the individual’s role (e.g., planner, co-planner, faculty, author) in the activity, the name of the ACCME-defined commercial interest with which the individual has a relevant financial relationship (or “None” if the individual has no relevant financial relationships), and the nature of that relationship.

Note: Please ensure that when you are collecting this information from individuals that you are using the most current definitions of what constitutes a relevant financial relationship and ACCME-defined commercial interest (ie., CME Disclosure Form).

Name of individual*	Individual’s role in activity	Name of commercial interest	Nature of relationship
Example: Jane Smith	Faculty Planner	None	—
Example: Thomas Jones	Faculty	Pharma Co. US	Research Grant

*\*If there are additional individuals in control of content for the activity, please attach a separate page using the same column headings.*

Attach the following:

- CME Disclosure Forms for all individuals listed above who have indicated a conflict of interest, with the “Resolution” section completed in advance of the activity by the Faculty Planner (or other designated individual).
- The disclosure information *as provided to participants* about the presence or absence relevant financial relationships for each individual listed above.

**3. Participant Summary and Attendance Record**

Participant list of those attending the activity is attached, including those who did not want credit  Yes  No

Participant Summary:

- \_\_\_\_\_ Total number of all participants (including physicians, non-physicians, UM faculty, non-UM attendees, etc.)
- \_\_\_\_\_ Total number of all physicians (MD’s & residents only, including non-UM)
- \_\_\_\_\_ Total number of UMHS faculty/staff (all categories)

Indicate the Attendance Record used: (Choose only one)

- Certificates provided by OCPD
  - \_\_\_\_\_ Total number of certificates requested prior to the activity
  - \_\_\_\_\_ Total number of unused certificates being returned after the activity
- Certificates provided by the Sponsoring Department
  - \_\_\_\_\_ Total number of certificates issued to participants by the sponsoring department
- Online via eCAT – electronic CME attendance tool

**4. Participant Evaluation**

Please indicate which type of evaluation data is attached:

- Completed Attendance/Evaluation cards - supplied by OCPD
- Summary of completed evaluation forms - supplied by your department (A template for summarizing data available upon request.)
- None - Evaluations were submitted via eCAT (electronic CME attendance tool)

**5. Supporting the UMMS Clinical and Research Mission**

- Does this activity generate trackable referrals to clinical care?  Yes  No
- Does this activity generate trackable referrals to clinical trials?  Yes  No

**6. Commercial Support**

Note: UM Medical School Policy prohibits receiving commercial support (gifts, grants, exhibit fees) to support UMMS CME activities, but in-kind support (e.g., supplies, equipment) is allowed, as are exhibit fees paid by companies not described under the ACCME-definition of commercial supporters.

- This activity was not commercially supported.
- This activity received in-kind support.

Complete the table below. If you have this information already available electronically, then simply include it as an attachment. List the names of the commercial supporters of this activity and the \$ value of any monetary commercial support, and/or indicate in-kind support.

Name of commercial supporter*	Amount of monetary commercial support	In-kind
Example: ABC Medical Device Company	-	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

*\*If there are additional commercial supporters, please attach a separate page using the same column headings.*

If the activity received in-kind support, attach the following (required):

- Income and expense statement for this activity.
- For each of the supporters listed above, the fully executed in-kind commercial support agreement, signed by the Faculty Planner and the commercial supporter.
- The in-kind commercial support disclosure information as provided to participants.

**7. Financial Summary**

Was this activity jointly-provided with a non-UMMS group?  No  Yes (detailed financial report attached here)

Provide the following financial summary for the activity (information will be reported to the ACCME):

Revenue \$ \_\_\_\_\_ Commercial support  
 \$ \_\_\_\_\_ Advertising and/or Exhibit revenue  
 \$ \_\_\_\_\_ Revenue (directly received dollars) from other sources (registration fees, non-profit foundation grants, directly allocated departmental funds)

Expenses \$ \_\_\_\_\_ All expenses (directly paid dollars) for the activity (mailings, honoraria, travel, meeting space rental, participant food, CME fees, other expenses charged directly to the activity). It's not necessary to include indirectly subsidized expenses (ie., departmental supplies and services) not charged directly to the activity.

**8. Fees - Application review, credit recording, and rush fee**

For activities including both UMHS and non-UMHS personnel, the charge for processing the original application is \$600 plus \$25 for each participant, including UMHS faculty and staff, requesting CME credit (ie., those who receive a Certificate of Attendance). Please note that you will be billed \$25 each for any unused Certificates of Attendance that are not returned to OCPD following the activity.

For activities including only UMHS personnel, no separate fee is charged. The UM Faculty Group Practice annual funds this cost.

**Note: For either type of activity listed above requiring a review and approval in less than 10 business days, a \$200 rush fee will apply.**

Please indicate billing method below:

- Short code \_\_\_\_\_
- Invoice sent to address below (*non-University of Michigan groups*):  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**9. Promotional Materials**

Final promotional materials (e.g., brochure, flyer, email, invitation letter, website), including the accreditation and credit designation statements:

- Were included with the application for credit application
- Are attached here

**10. Departmental Approval**

I have reviewed this report and the attached information and find it to be accurate and complete.	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <div style="width: 60%; text-align: center;">Signature of Faculty Planner</div> <div style="width: 35%; text-align: center;">Date</div> </div>
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**Return this form & supporting documentation within 30 days of the activity to [juliwils@umich.edu](mailto:juliwils@umich.edu), or mail to: OCPD, 1301 Catherine Street, 5111 Med Sci I, Ann Arbor, MI 48109-5611**