

PRE-ACTIVITY CHECKLIST

Continuing education credit will not be awarded for activities that do not provide the requested documents.

Please provide the following information at least four (4) weeks before the activity.	
Activity: Society for Vascular Surgery Patient Safety Organization - Regional Meeting	
Start time:	End time:
Date:	Region:
Location: <input type="checkbox"/> Online <input type="checkbox"/> In person. <i>Please provide the address.</i>	
How are learners made aware of the activity (e.g., flyer, promotional email, and/or website)? Link to and/or attach the item(s). <input type="checkbox"/> <input type="checkbox"/>	
Detailed agenda which includes start/stop time, breaks, presentation titles, learning objectives, speaker(s), case presenter(s), and/or moderator(s). The agenda must include the (1) speaker(s), case presenter(s), and/or moderator(s) credentials, title, and organization, and (2) start and stop time of each session, including breaks. Please indicate if you're NOT requesting continuing education credit for a particular session. <input type="checkbox"/> Attached <input type="checkbox"/> Website:	
Conflict of interest disclosure form. All speaker(s), case presenter(s), and/or moderator(s) for a continuing education session must complete a conflict of interest disclosure form . <i>The individual must disclose the relationship (or lack thereof) at the activity.</i> <input type="checkbox"/> I acknowledge that all speaker(s), case presenter(s), and/or moderator(s) identified on the agenda as participating in a CE session, must complete this form. It's the responsibility of each site to communicate this to the individual(s). Failure to complete this form and/or failure to document how the learners were made aware of the relationship(s) (or lack thereof) will result in credit being forfeited for the entire activity or individual session.	

Please use the checklist for every activity as it includes all of the necessary continuing education information required for accreditation. All required documentation must be returned to Des Moines University CME at cme@dmu.edu according to the time line above. This form is for tracking purposes only. The activity director or coordinator should keep a copy of this form with the activity file. Records must be kept on file for five years from the date of the continuing education activity.