

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 title:			
Date:		Number of credits requested:	
Start time:		End time:	
Region:			
Location. Select all that apply.			
<input type="checkbox"/> Online	<input type="checkbox"/> In person. Address:		
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"/> Flyer	<input type="checkbox"/> Brochure		<input type="checkbox"/> Email
<input type="checkbox"/> Website:		<input type="checkbox"/> Other:	
Grants or sponsorship. Select one.			
<input type="checkbox"/> The activity is not accepting any grants or sponsorships.		<input type="checkbox"/> The activity is accepting grants or sponsorships. DMU CME will follow up. All agreements must be reviewed and signed and DMU.	
<input type="checkbox"/> Agenda. Must include each presentation's start and stop time, speaker(s), moderators, breaks, meals, etc. Please indicate if you're NOT requesting continuing education credit for a particular session. View an example.			
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. The individual must disclose the relationship (or lack thereof) at the activity.			
<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.			

According to the time above, all required documentation must be returned to Des Moines University CME at cme@dmu.edu. This form is for tracking purposes only. The joint provider should keep a copy of this form with the activity file. Records must be kept on file for six years from the date of the continuing education activity.