DES MOINES UNIVERSITY
MEDICINE & HEALTH SCIENCES

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 two (2) weeks before the activity.		
Series title (if applicable):		
Activity title:		
Date:	**Start time:**	**End time:**
Location: ☐ In-person. Location: ☐ On-line. Streaming link (ex: Zoom):		
Learning objectives: ☐ #1: ☐ #2: ☐ #3:		
Attached are the materials used to promote the activity. Must be approved by DMU CME before distribution. ☐ Flyer ☐ Brochure ☐ Email ☐ Social media post ☐ Website: ☐ Other:		
☐	**Agenda.** Must include each presentation's start and stop time, speaker(s), breaks, meals, etc. View an example.	
Identify the moderator(s) and speaker(s). All individuals must complete a disclosure form. If needed, a separate document can be attached.		
☐ Individual #1:	Full name + credentials: Organization: Role (select all that apply): ☐ Moderator ☐ Speaker ☐ Other:	
☐ Individual #2:	Full name + credentials: Organization: Role (select all that apply): ☐ Moderator ☐ Speaker ☐ Other:	
☐ Individual #3:	Full name + credentials: Organization: Role (select all that apply): ☐ Moderator ☐ Speaker ☐ Other:	
Grants or sponsorship. Select one.		
☐ The activity is not accepting any grants or sponsorships.	☐ The activity is accepting grants or sponsorships. DMU CME will follow up. All agreements must be reviewed and signed and DMU.	
Attendee demographic information is required to process certificates. DMU CME will award ALL participants a CME/CE certificate or certificate of attendance. The following attendee demographic information needs to be collected and returned to DMU CME after the activity to process certificates. View the questions. ☐ For ALL participants, I agree that the requested attendee demographic information will be returned to DMU CME.		
Evaluation with required CME-related questions. View the required evaluation questions. Select one.		
Single activity ☐ Included.	**Series** ☐ This session will be evaluated. A copy of the evaluation is included. ☐ N/A. The series has already been evaluated twice this calendar year. ☐ N/A. We will plan to evaluate future activities within the series during this calendar year.	

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.