

POST-ACTIVITY CHECKLIST

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

Please return the following documents within four (4) weeks of the activity. Continuing education certificates will be emailed to the attendees within one (1) week of receipt.												
Series title (if applicable):												
Activity title:												
Date:	Start time:	End time:										
Location: <input type="checkbox"/> In-person. Location: <input type="checkbox"/> Online. Streaming link (ex: Zoom):												
Final budget reconciliation. If the activity is a part of a series, please provide budget details for this activity date only – not the entire series. Receipts may be requested. A separate budget may be attached. <i>* A fully executed agreement for all companies must be on file with DMU before the activity start date.</i>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> Exhibit and advertising income <i>Advertising and exhibit income received in support of your program.</i> </td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;"> Registration fees <i>Registration fees received from activity participants.</i> </td> <td></td> </tr> <tr> <td style="padding: 5px;"> Government monetary grants * <i>Monetary grants received from federal, state or local governmental agencies.</i> </td> <td></td> </tr> <tr> <td style="padding: 5px;"> Private monetary donations * <i>Monetary donations received from the private sector, including foundations.</i> </td> <td></td> </tr> </tbody> </table>			Amount	Exhibit and advertising income <i>Advertising and exhibit income received in support of your program.</i>		Registration fees <i>Registration fees received from activity participants.</i>		Government monetary grants * <i>Monetary grants received from federal, state or local governmental agencies.</i>		Private monetary donations * <i>Monetary donations received from the private sector, including foundations.</i>		
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Proof disclosure of financial relationships was made at the activity. Select all that apply. <input type="checkbox"/> Presentation slides REQUIRED <input type="checkbox"/> Marketing materials <input type="checkbox"/> Verbally by the moderator <input type="checkbox"/> Website: <input type="checkbox"/> Other:												
Speaker presentation slides and supplemental materials. A copy of the speaker's presentation materials is not requested. However, the joint provider must keep a copy of all speaker presentation slides and supplemental materials in their files. In the event of an audit, the joint provider agrees to provide DMU with a copy of all requested speaker presentation slides and supplemental materials.												
Verification of the attendee's participation. If it's a hybrid activity, both options must be selected.												
Live, in-person <input type="checkbox"/> Sign-in roster. <input type="checkbox"/> Completed attendance attestation forms. Must use the form provided by DMU.	Live, online <input type="checkbox"/> Webinar attendee report. The report includes the attendee's log-in and log-out time, full name, and email address.											
Attendee demographic Excel document required to process certificates. DMU CME will award ALL participants a CME/CE certificate or certificate of attendance. All required cells must be completed. Access the Excel document. <input type="checkbox"/> Included.												
Evaluation summary that included the required CME-related questions. View the required evaluation questions. Select one.												
Single Activity <input type="checkbox"/> Included.	Series <input type="checkbox"/> Included. <input type="checkbox"/> N/A. The series has already been evaluated twice this calendar year. <input type="checkbox"/> 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.