



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: <input type="checkbox"/> In-person. Location: <input type="checkbox"/> On-line. Streaming link (ex: Zoom):		
Learning objectives: <input type="checkbox"/> #1: <input type="checkbox"/> #2: <input type="checkbox"/> #3:		
Attached are the materials used to promote the activity. Must be approved by DMU CME before distribution. <input type="checkbox"/> Flyer <input type="checkbox"/> Brochure <input type="checkbox"/> Email <input type="checkbox"/> Social media post <input type="checkbox"/> Website: <input type="checkbox"/> Other:		
<input type="checkbox"/>	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.		
<input type="checkbox"/>	Individual #1:	Full name + credentials: Organization: Role (select all that apply): <input type="checkbox"/> Moderator <input type="checkbox"/> Speaker <input type="checkbox"/> Other:
<input type="checkbox"/>	Individual #2:	Full name + credentials: Organization: Role (select all that apply): <input type="checkbox"/> Moderator <input type="checkbox"/> Speaker <input type="checkbox"/> Other:
<input type="checkbox"/>	Individual #3:	Full name + credentials: Organization: Role (select all that apply): <input type="checkbox"/> Moderator <input type="checkbox"/> Speaker <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.
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. <input type="checkbox"/> 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.		
<input type="checkbox"/>	Single activity Included.	Series <input type="checkbox"/> This session will be evaluated. A copy of the evaluation is 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 Medicine and Health Sciences 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.