

OFFICE OF CONTINUING MEDICAL EDUCATION AND LIFELONG LEARNING

Report on a PI CME ACTIVITY

The credit supplies requested for your activity are enclosed. Certificates should be distributed to participants who require AMA PRA Category 1™ credit after they have completed the evaluation form for this activity. The certificate should be kept as part of their own personal records. Unused certificates of attendance should be returned to OCME&LL to minimize fees (see Financial Summary section below).

Complete and return this form within 30 days post activity.

1. Activity Information

Title: _____ Dates: _____

Faculty Planner/Project Lead: _____ Administrative Contact: _____

2. Individual Disclosure, Resolution of Conflicts of Interest, & Disclosure to Participants

Complete the table below. If you have this information already available electronically, then simply include it as an attachment.

For each individual in control of content, list the name of the individual, the individual’s role (e.g., planner, co-planner, faculty, author) in the activity, the name of the ACCME-defined commercial interest with which the individual has a relevant financial relationship (or “None” if the individual has no relevant financial relationships), and the nature of that relationship.

Note: Please ensure that when you are collecting this information from individuals that you are using the most current definitions of what constitutes a relevant financial relationship and ACCME-defined commercial interest (ie., Planner Disclosure Form, Presenter Disclosure Form).

Name of individual*	Individual’s role in activity	Name of commercial interest	Nature of relationship
Example: Jane Smith	Faculty Planner	None	—
Example: Thomas Jones	Faculty	Pharma Co. US	Research Grant

**If there are additional individuals in control of content for the activity, please attach a separate page using the same column headings.*

Attach the following (required):

- CME Disclosure Forms for all individuals listed above who have indicated a conflict of interest, with the “Resolution” section completed in advance of the activity by the Faculty Planner (or other designated individual).
- The disclosure information as provided to participants about the relevant financial relationships (or absence of relevant financial relationships) for each individual listed above.

3. Participant Summary and Attendance Record

Participant list of those attending the activity is attached, including those who did not want credit Yes No

Participant Summary:

- _____ Total number of all participants (including physicians, non-physicians, UM faculty, non-UM attendees, etc.)
- _____ Total number of all physicians (MD’s & residents only, including non-UM)
- _____ Total number of UMHS faculty/staff (all categories)

4. Supporting the UMMS Clinical and Research Mission

- Does this activity generate trackable referrals to clinical care? Yes No
- Does this activity generate trackable referrals to clinical trials? Yes No

5. Commercial Support

Note: UM Medical School Policy prohibits receiving commercial support (gifts, grants, exhibit fees) to support UMMS CME activities, but in-kind support (e.g., supplies, equipment) is allowed, as are exhibit fees paid by companies not described under the ACCME-definition of commercial supporters.

- This activity was not commercially supported.
- This activity received in-kind support.

Complete the table below. If you have this information already available electronically, then simply include it as an attachment. List the names of the commercial supporters of this activity and the \$ value of any monetary commercial support, and/or indicate in-kind support.

Name of commercial supporter*	Amount of monetary commercial support	In-kind
Example: ABC Medical Device Company	-	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

*If there are additional commercial supporters, please attach a separate page using the same column headings.

If the activity received in-kind support, attach the following (required):

- Income and expense statement for this activity.
- For each of the supporters listed above, the fully executed in-kind commercial support agreement, signed by the Faculty Planner and the commercial supporter.
- The in-kind commercial support disclosure information as provided to participants.

6. Financial Summary

Was this activity jointly-provided with a non-UMMS group? Yes No (detailed financial report attached here)

Provide the following revenue sources for the activity (information will be reported to the ACCME):

- \$ _____ Commercial support
- \$ _____ Advertising and/or Exhibit revenue
- \$ _____ Registration fees received, including subscription or publication fees received from CME activity participants
- \$ _____ Total governmental monetary grants received from federal, state, or local governmental agencies
- \$ _____ Total private monetary donations received from the private sector, including foundations. Note: commercial support is not considered a private donation

7. Fees - Application review, credit recording, and rush fee

You will receive an invoice from OCME&LL detailing the application and/or certificate fees for your activity.

Note: For activities that requested a review with a turn-around of less than 10 business days, an expedite fee of an additional \$200 will be charged.

Please indicate billing method below:

- Short code _____
- Invoice sent to address below (*non-University of Michigan groups*):
 - Name: _____
 - Company: _____
 - Address: _____
 - City, State, Zip: _____

8. Departmental Approval

I have reviewed this report and the attached information and find it to be accurate and complete.	<div style="display: flex; justify-content: space-between;"> Signature of Faculty Planner Date </div>
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Return this form & supporting documentation within 30 days to Ellen Patrick at partivmoc@umich.edu, or mail to: OCME&LL, 1301 Catherine Street, 5111 Med Sci I, Ann Arbor, MI 48109-5611