

Department Centered Activity & Jointly Provided Activity Checklist

REQUIRED BEFORE ANY PROMOTION OF ACTIVITY

VCU Health CME has transitioned to an online application and document submission process. The checklist below serves as a guide for planners to ensure all required documentation is submitted. Please contact your CME representative if you have any questions.

_____ Completed **CME Activity Application**

Accessed in the CloudCME portal: <https://vcu.cloud-cme.com/aph.aspx>

User must sign in to create an application. You may need to create an account.

Instructions: <https://cme.vcuhealth.org/perch/resources/applicationinstructions07.27.17-2.pdf>

Submit at least 45 business days before event date to avoid rush review fee

_____ **Program Agenda** with schedule, including times/breaks/lunch, etc. uploaded with application.

A draft agenda is acceptable.

_____ **Planning Committee Conflict of Interest Forms** are now completed in the CloudCME portal

Enter all planning committee member names and email addresses in the “Planners and Faculty” section of the application form. The CloudCME portal will automatically send an email with instructions to complete the COI form to each planner.

Instructions: <https://cme.vcuhealth.org/perch/resources/how-to-complete-a-coi-form-in-cme.pdf>

_____ **Resolution of Conflict(s) of Interest Form** for all **PLANNERS**

To be completed by the Activity Director (or designee) for those who indicated a relevant conflict of interest on the COI form.

This form is being transitioned into the CloudCME portal, in the interim please e-mail completed form to your CME representative.

Download: <https://cme.vcuhealth.org/perch/resources/resolution-of-conflict-form-planners.pdf>

_____ **Save the Date Announcement** review and approval (if applicable)

Upload as part of the application in the CloudCME portal

Please note: The CME Activity Application and all Planner Conflict of Interest forms must be reviewed and approved by VCU Health CME **before** credit is designated and any promotional materials are distributed.

_____ **Final Program/Brochure** – must be reviewed and approved prior to distribution

E-mail a copy to your CME representative for final review and approval.

DUE THREE WEEKS IN ADVANCE OF ACTIVITY

- _____ **Letter of Understanding (LoU)** between VCU Health and Department/Organization
Sent to the activity coordinator upon CME Application approval. Please obtain signatures and return to your CME representative. Once executed, CME staff will return a copy with an invoice for administrative fees.
- _____ **Speaker/Faculty Conflict of Interest Disclosure Forms** are now completed in the CloudCME portal
Enter all confirmed speaker/faculty names and email addresses in the “Planners and Faculty” section of the application form. The CloudCME portal will automatically send an email with instructions to complete the COI form to each speaker.
Speaker COI forms are not required to be complete for CME Application approval but must be submitted in advance of activity date.
- _____ CV and Bio-sketch for ALL **Faculty/Speakers** are now completed in the CloudCME portal
Enter all confirmed speaker/faculty names and email addresses in the “Planners and Faculty” section of the application form. The CloudCME portal will automatically send an email with instructions to upload the CV/Biosketch to each speaker.
- _____ **RESOLUTION of Conflict(s) of Interest form for PRESENTERS**
This is not applicable for speakers who do not list a relevant conflict
Resolution forms are completed by the Activity Director (or designee) for presenter(s) with relevant conflict(s) of interest. If this review cannot be completed before the activity, the presentations cannot be designated for CME credit, and the total credits for the program will be reduced.
This form is being transitioned into the CloudCME portal, in the interim, please e-mail completed forms to your CME representative.
Download : <https://cme.vcuhealth.org/perch/resources/resolution-of-conflict-form-for-presenters-09-09-16-1.pdf>
- _____ Draft of **Evaluation Form** for Review and Approval
Only applicable for those programs not using CloudCME online evaluation and certificate download.
Download: <https://cme.vcuhealth.org/perch/resources/evaluation-template-09.08.15.doc>
- _____ Draft of **Verification of Participation (VOP)** for Review and Approval
Only applicable for those programs not using CloudCME online evaluation and certificate download.
Download: <https://cme.vcuhealth.org/perch/resources/verification-of-participation-uhs-generic-09.07.15.doc>
- _____ Speaker/Faculty **Conflict of Interest Disclosure (COI) Announcement** –
*MUST be presented to all attendees either by printed handout or powerpoint slide. If no conflicts, must share this with attendees as well.
Download: <https://cme.vcuhealth.org/perch/resources/faculty-disclosure-announcement-07.03.17.docx>
- _____ **Acknowledgment of Commercial/In-Kind Support Announcement** –
*MUST be presented to all attendees either by printed handout or powerpoint slide. If no commercial/in-kind support, must share this with attendees as well.
Download: <https://cme.vcuhealth.org/perch/resources/acknowledgement-of-commercial-support.pdf>

The items below apply only if there are funded independent medical education grants for the activity:

If you are applying for **Independent Medical Education Grants:** (please refer to activity LoU for other requirements), VCU Health CME must approve, in advance:

- 1) All applications/submissions for grants
- 2) Letters of Agreement for Commercial Support and sign as accredited provider

_____ **Verification of Commercial Support Form** – **Submit only if there are funded independent medical education grants for the activity.*

Download: <https://cme.vcuhealth.org/perch/resources/verificationofcommercialsupport.pdf>

DUE WITHIN 10 DAYS OF ACTIVITY END DATE

_____ **Copy of final program syllabus and all instructional materials distributed**

Submit to your CME representative by e-mail or hard copy.

_____ **Verification of Participation (VOP) Forms**

Submit to your CME representative by e-mail or hard copy.

Only applicable for those programs not using CloudCME online evaluation and certificate download.

_____ **Custom Data Import Excel Spreadsheet** with required participant data

Submit to your CME representative by e-mail or hard copy.

Only applicable for those programs not using CloudCME online evaluation and certificate download.

Download: <https://cme.vcuhealth.org/perch/resources/attendance-spreadsheet-cloud-blank.xlsx>

DUE WITHIN 30 DAYS OF ACTIVITY END DATE

_____ **Tabulated Evaluation Results Data**

Only applicable for those programs not using CloudCME online evaluation and certificate download.

_____ **Financial Summary**

Required if there are funded independent medical education grants for the activity