

# REGULARLY SCHEDULED SERIES

# COURSE COORDINATOR AGREEMENT

UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE

**Continuing Medical Education and Professional Development**

**The University of Louisville School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME). As an accredited sponsor, Continuing Medical Education and Professional Development (CME & PD) is required to maintain appropriate records. By agreeing to be the CME & PD designee for this RSS, you agree that you will manage and provide documentation for the following:**

**Title of CME Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I will attend the RSS sessions, and within one month of each of the sessions, I will submit the following:

* **RSS Session Report Form.**
* **Tabulated Summary of Evaluations**
* **Copy of Welcome Letter with disclosures listed.**
* **Disclosure Form.** Please submit a copy of the signed Disclosure Form for all individuals in a position to control the content including the Course Director, Course Coordinator, Planning Committee Members. Presenter(s) and Reviewer(s) of each session.(Please document how conflict was resolved for all speakers/planners/reviewers who have a conflict of interest along with a Content Review Form if applicable.
* **Content Peer Review Form – if applicable**. (Please submit a copy of the Peer Review Form signed for those who have a conflict of interest to document that any conflicts were resolved.)
* **Letter of Agreement (LOA) – if applicable.**  **(**Pleasearrange for a Letter of Agreement (LOA) between the grantor and the University of Louisville (provider), to be executed prior to the RSS event signed by the grantor and the UofL’s Executive Vice President-Health Affairs Office. Please also provide a copy of the check and an accounting of the grant funds (income and expenditures) in the Budget Worksheet prepared after each RSS event. Providers of grants shall not participate directly in the educational activity (selection of content or speaker), shall not pay honoraria directly to speakers, nor shall they promote or advertise any medical product or device within the meeting space of the RSS event.
* **Exhibit/Sponsor Form – if applicable.** (Please ensure that a completed and signed Exhibit/Sponsor Form is completed prior to the event and submitted along with the Budget Worksheet documenting the income received and expended if any funding will be provided for the series to be used for exhibit fees, support for food to be served at the event, etc.)
* **Copy of IUT/Disbursement Form/Commercial Support Budget Worksheet – if applicable.** (Please document that the department paid the honorarium and travel expenses directly to the speaker. No commercial company is allowed to pay honoraria and expenses directly to speakers.)

**I understand my role as the University of Louisville Continuing Medical Education and Professional Development RSS Coordinator.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ **Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_