



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.**
- **Typewritten Attendance Roster.** Include names, license numbers, and last 4 digits of social security numbers of physicians to receive credit. (**Do not include fellows, residents, or other healthcare professionals.**)
- **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 and Presenter(s) of each session.)
- **Attestation Form – if applicable.** (Please submit a copy of the Attestation Form signed by all speakers/planners who have a conflict of interest to document that any conflicts were resolved.)
- **Letter of Agreement (LOA) – if applicable.** (Please arrange 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 Office of Industry & Grants. 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/Commercial Sponsor Form – if applicable.** (Please ensure that a completed and signed Exhibit/Sponsor Form is completed prior to the event and submitted along with a copy of the check and 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: _____