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# **Continuing Medical Education and Professional Development**

## **Regularly Scheduled Series (RSS)**



## **Program Manual & Guide 2016**



**Continuing Medical Education and Professional Development  
School of Medicine  
University of Louisville  
501 E. Broadway, Ste. 370  
Louisville, KY 40202**

**Tel: (502) 852-5329**

**Fax: (502) 852-6300**

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## **Staff**

**Karen L. Napolilli**

*Program Coordinator Senior*

Tel: 502-852-5329

Fax: 502-852-6300

Email: klnapo01@louisville.edu

**W. Daniel Cogan, Ed.D., FAODME**

*Assistant Dean*

Tel: 502-852-6294

Cell: 502-693-8988

Fax: 502-852-6300

Email: wdcoga01@louisville.edu

**James P. Creg**

*Program Coordinator Senior*

Tel: 502-852-3613

Fax: 502-852-6300

Email: jpcreg01@louisville.edu

**Kimberly D. Moore**

*Administrative Associate*

Tel: 502-852-8973

Fax: 502-852-6300

Email: kdmoor01@louisville.edu

**Laura Landes**

*Medical Education Grants Coordinator*

Tel: 502-852-1922

Fax: 502-852-6300

Email: llland01@louisville.edu

**University of Louisville School of Medicine  
Continuing Medical Education and Professional Development**

**RSS Program Manual and Guide**

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## **University of Louisville Continuing Medical Education Planning Document & Application for CME Programming Contained In A Regularly Scheduled Series (RSS)**

The University of Louisville CME&PD retains the right to withhold/withdraw/adjust credit at any time, should it determine that the ACCME Essentials, Policies, ACCME Standards for Commercial Support and/or the University of Louisville Continuing Medical Education & Professional Development policies and procedures are not being followed.

Preliminary Note: Please read and respond to each question completely; this will ensure compliance with the CME accreditation criteria we are required to follow at the University of Louisville. The Regularly Scheduled Series presented in your application, whether it is grand rounds, case conferences, journal club meetings, or other should be described in general terms, addressing the general medical practice gaps and the general educational objectives pertinent to the discipline and the nature of the meeting. The documentation references should contain generic educational and research data related to the discipline in support of the identified medical practice gaps. This application is for approval of RSS programming between the dates January 1, 2016 through December 31, 2017.



### COURSE INFORMATION

**INSTRUCTIONS:** Place your cursor over the "Click here to enter text", and you may type or cut and paste any amount of material in response to the question. For X answers, hover your cursor over the box and left click. Please provide answers to all questions. Problems? Contact us at 502-852-5329 or [klnapo01@louisville.edu](mailto:klnapo01@louisville.edu).

- 1) Department/Organization making request: [Click here to enter text.](#)
- 2)  U of L Provided Program  
 Jointly-Provided Program (Organization outside of U of L)
- 3) Title of this Regularly Scheduled Series (is this a Grand Rounds, Case Conference, Journal Club or . . . .); name the discipline, and then the type of RSS: [Click here to enter text.](#)
- 4) Dates of Regularly Scheduled Series (or indicate "3<sup>rd</sup> Monday", "1<sup>st</sup> Friday", "weekly on Thursday", etc.): [Click here to enter text.](#)

5) Course location (include street address, building, room number or name):

[Click here to enter text.](#)

6) Number of CME credits requested for each event: [Click here to enter text.](#)

7) Number of Nursing CEUs requested for each event: [Click here to enter text.](#)



### COURSE CONTACTS

8) Name/credential of Course Director: (Note: the course director must be a physician, Ph.D. educator, registered nurse or equivalent medical professional.) [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

Name of Course Coordinator (contact person responsible for filing reports with CME & PD after every event)

[Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

10) Planning Committee Members – Please list individuals who are planning committee members. (Note: a minimum of three persons is required with at least one physician faculty member. The use of owners and/or employees of ACCME-defined commercial interests as planners and/or faculty is strictly prohibited in CME activities. Planning committee members must provide current disclosures, and the committee should not schedule its first meeting until CME & PD approval has been obtained.)

Planning Committee Member	Telephone Number	E-mail Address

Date of first Planning Committee Meeting: [Click here to enter text.](#)



CONTENT DEVELOPMENT [Click here to enter text.](#)

**11) Screening Criteria: In order to be considered for a Regularly Scheduled Series, all of the criteria listed below must be met. Planners confirm that ...**  
**(please check each box indicating your planning committee's acceptance of these continuing education principles)**

- a) The content of this RSS will be based on evidence that constitutes "best practices." Agree
- b) Planners have identified a defined gap that exists between current and best practice. Agree
- c) This RSS will provide educational content aimed at closing the defined gap to result in improved knowledge, competence, and/or performance, which could result in improved patient outcomes. Agree
- d) All of the recommendations involving clinical medicine in this CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.  
Agree
- e) All scientific research referred to, reported on, or used in this RSS will support or justify patient care recommendations that conform to the generally accepted standards of experimental design, data collection, and analysis. Agree

**12) This Regularly Scheduled Series is planned to meet the needs of what groups of practicing healthcare professionals (target audience)? List all groups, beginning with physicians who will most benefit by attending these RSS sessions:**

[Click here to enter text.](#)

**13) Based on a review of medical practice literature and/or input from an expert panel of physicians in practice and/or previous RSS course feedback, please identify the practice gaps that will be addressed in this RSS series. Also, summarize basis of the learner's educational gap, the desired results (outcome) you intend to achieve, and the type of gap (educational need) that will be met. See examples in red and place your answers in the gray boxes below.**

EDUCATIONAL GAP current practice (What physicians are not currently doing)	WHAT IS BEHIND THE GAP (Why they aren't doing it)	DESIRED RESULTS (Outcomes as best-practice)	TYPE OF GAP (The educational need being addressed)
<i>EXAMPLE STATEMENT: "Physicians are not using the diagnostic criteria to screen pre-school age children for Autism."</i>	<i>EXAMPLE STATEMENT "Literature indicates that at least 25% of physicians have not been educated on the diagnostic criteria for autism screening."</i>	<i>EXAMPLE STATEMENT "Improve patient outcomes by diagnosing and treating autism in patients before they reach pre-school age."</i>	<i>EXAMPLE of GAP <u>X</u> Knowledge Clinicians aren't performing as they should because they lack knowledge. <u>X</u> Competence Clinicians may "know" but do not "know how." <u>X</u> Performance Making an interpretation based on what clinicians actually do in practice. Clinical performance may be influenced by knowledge, competence, or by factors external to the individual.</i>
			<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes
			<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes
			<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes

14) Please provide at least three peer-reviewed articles (scientific/medical journals, etc.) that support the Professional Practice Gaps for this Regularly Scheduled Series and **include the specific URL Address** for each article. For more than three entries, hit "tab" and an additional row will appear.

Peer-reviewed articles that support the Professional Practice Gaps including URLs

15) What procedures were used to identify the existing gaps? Please check all that apply. **Documentation for each procedure indicated must be attached.**

- Clinical practice data
- Quality assurance data
- Requirements by state licensing board, specialty societies
- Previous course evaluations
- Literature search (articles must be cited above in question #14)
- Case Studies
- Other, please list: [Click here to enter text.](#)

16) Based on the desired results described above, list the learning objectives for this group of activities. **The learning objectives are the bridge to address the GAP between current practice and best practice,** and the objectives should specify the learner result, using action verbs, (those abilities that the learner can expect to achieve by participating in this educational activity).

As a result of participating in this activity, participants should be able to:

- 1.
- 2.
- 3.

17) How does this regularly scheduled series of learning events match your learners' scope of practice?

[Click here to enter text.](#)

18) What are the likely and possible educational formats that will be used for this Regularly Scheduled Series (check all that apply):

- Didactic lecture
- Question and answer session
- Skilled demonstration
- Roundtable discussion
- Panel discussion
- Case studies
- Lab activity

- Audience Response System
- Simulations
- Internet

19) Explain how those formats checked in question 18 support the objectives and desired results. [Click here to enter text.](#)

20) Based on the Maintenance of Certification (MOC) competencies designed by the American Board of Medical Specialties (ABMS), the competencies established by the Accreditation Council for Graduate Medical Education (ACGME), and the desirable physician attributes established by the Institutes of Medicine (IOM), what competency areas will you address in this Regularly Scheduled Series? Check only those that apply.

- Patient Care** (provide care that is compassionate, appropriate and effective treatment for health problems and to promote health).
- Medical Knowledge** (demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care).
- Practice-based Learning and Improvement** (investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve practice of medicine).
- Systems-based Practice** (demonstrate awareness of and responsibility for larger context and systems of healthcare; call on system resources to provide optimal care, e.g. , coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions, or sites).
- Professionalism** (demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations).
- Interpersonal and Communication Skills** (demonstrate skills that result in effective communication and teaming with patients, their families and professional associates, such as fostering a therapeutic relationship that is ethically sound; using effective listening skills with non-verbal and verbal communications; working as both a team member and at times as a leader).
- Provide Patient-centered Care** (identify, respect, and care about patients' differences, values, preferences and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health).
- Work in Interdisciplinary Teams** (cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable).
- Employ Evidence-based Practice** (integrates best research with clinical expertise and patient values for optimum care; participate in learning and research activities to the extent feasible).

**Apply Quality Improvement** (identify errors and hazards in care; understand and implement basic safety design principles; continually understand and measure quality of care in terms of structure, process and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care with the objective of improving quality).

**Utilize Informatics** (communicate, manage knowledge, mitigate error, and support decision making using information technology).

21) Each program course director should implement a mechanism to identify and resolve conflicts of interest (COI) by speakers/moderators/panelists prior to the RSS event using the conflict of interest form. CME & PD personnel will review Conflict of Interest disclosures of course directors/planners and coordinators. If there is a perceived conflict of interest, directors/planners and coordinators will recuse themselves from planning, teaching, authoring, coordinating and evaluating an RSS, and replacements should be appointed by the department or organization. The RSS director and/or coordinator (those who have no COI) will review disclosures for speakers/moderators/panelists. If there is a perceived conflict of interest, speakers/moderators/panelists will complete and sign an Attestation form, and their presentation must be peer-reviewed for commercial bias prior to the presentation. **Agree**

22) In order to encourage your learners to implement into their practice, some of the new ideas they have learned by attending this Regularly Scheduled Series, what non-educational strategies will you use? **For example, "plan to send reminders to attendees to recall course topics that can be implemented," or "brief discussion at each session regarding new ideas that have been adopted by peers."** [Click here to enter text.](#)

23) Please identify factors outside of a physician's control that may negatively impact patient outcomes: [Click here to enter text.](#)

24) Please cite at least two educational strategies to remove, overcome or address barriers to physician change. 1) List the barriers that the participants may have in trying to implement the education delivered in this Regularly Scheduled Series (in the gray boxes below, left). Barriers may include: formulary restrictions, insufficient time for implementation of new skills or behaviors, lack of insurance reimbursement, lack of organizational support, lack of resources, policy issues within the organization. 2) Recommend educational strategies (in the gray boxes, right) that you will use at this activity to remove, overcome, or address these barriers.

ANTICIPATED BARRIER(S) TO PHYSICIAN CHANGE	STRATEGIES YOU WILL USE IN THIS ACTIVITY TO ADDRESS THE BARRIER(S)


25) Will any of the speakers for the sessions within your Regularly Scheduled Series be supported by unrestricted educational grants?  Yes or  No

If yes, the coordinator must 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). The coordinator then shall provide an accounting of the grant funds (income and expenditures) in the summary report 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.

Agree

26) Will any funding be provided for this series (e.g. exhibit fees, support for food to be served at the event) by a commercial organization?  Yes or  No

If yes, the CME & PD "Exhibit/Sponsorship" form must be completed and signed prior to the event and submitted along with the summary report as well as an accounting of the income received and expended.

**This completes your RSS Credit Application. Please be sure you have addressed all items listed below before submitting. Also note the coordinator's responsibilities as well as the RSS fee payment schedule.**

**Please sign the document and submit as a Word document file to CME & PD (klnapo01@louisville.edu).**

**BEFORE YOU SUBMIT THIS APPLICATION, ARE ALL OF THE FOLLOWING ITEMS ADDRESS OR INCLUDED?**

- ALL QUESTIONS ON THE APPLICATION ANSWERED
- BOTH CONTACT PERSONS IDENTIFIED AND LISTED
- "NEEDS" DOCUMENTATION MATERIALS SCANNED AND ATTACHED  
(those items you checked in question #15)

DISCLOSURE FORMS FROM THE REGULARLY SCHEDULED SERIES DIRECTOR, PLANNING COMMITTEE AND COORDINATOR COMPLETED, SIGNED AND ATTACHED. IF THERE WERE ANY DISCLOSURES INDICATED BY ANY OF THESE RSS PRINCIPALS, THEN AN ATTESTATION FORM IS TO BE SIGNED BY THAT INDIVIDUAL PRIOR TO PLANNING THIS RSS AND SUBMITTED WITH THIS APPLICATION.

## FINAL NOTES:

### REPORTS

The coordinator of the RSS is responsible for reporting all RSS activities at least once per month, no later than the fifteenth (15<sup>th</sup>) of the following month (receipt deadline). Reports delinquent more than 45 days after the receipt deadline will not be honored, and the CME credit will not be registered for attendees of those meetings. The report for each meeting/event will consist of:

- a report form cover page with coordinator's signature
- typed attendance roster for each meeting
- summary of evaluations for each meeting
- copy of any promotional materials
- signed disclosure forms for every speaker and panelist, along with resolution of any conflicts of interest and attestation forms
- accounting of funds from grants or other sources of support
- a CV for each speaker if Nursing CEUs are requested

### RSS FEES

The department/organization sponsoring the RSS will be billed for each meeting/event of this RSS series at the rate of \$30.00 per session. Invoices will be issued by CME & PD the first week of the month at the end of each quarter (October, January, April, and July) and should be paid within 30 days of receipt. The billing will be based upon receipt of summary reports from each meeting/event.

**X** Signature of Regularly Scheduled Series Course Director  
*(electronic signature is acceptable)*

Signature: [Click here to enter text.](#)

Date:

Please send this form with the RSS Planning Document and Credit Application.



**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 provider, 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.**
- **Form for Guest MD/DOs.** Include names, license numbers, and mobile telephone numbers of physicians to receive credit. (**Do not include fellows, residents, or other healthcare professionals. All others are required to self-complete an on-line profile.**)
- **Tabulated summary of “others” in attendance.**
- **Tabulated “Summary of Evaluations” Form.**
- **Copy of “Welcome Letter” with disclosures listed and resolved if applicable.**
- **Disclosure Form.** Please submit a copy of the signed Disclosure Form for all individuals in a position to control the course content including the Course Director, Course Coordinator, Planning Committee Members and Presenter(s) of each session. (Please document how conflict was resolved for all speakers/planners who have a conflict of interest along with a Content Review Form if applicable.)
- **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 UofL’s Executive VP-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/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 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.
- **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 speaker.*)

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

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

## Disclosure of Relevant Financial Relationships for Continuing Medical Education

Name and Degree (or credentials):

CME/CE Activity Name:

Commercial Supporters (if applicable):

Presentation Title (if applicable):

Select Role(s):  Planner  Course Director  Moderator/Faculty  Presenter/Author  Reviewer

Other:

### CRITERIA FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS WITH COMMERCIAL INTERESTS RELATIVE TO THIS CME ACTIVITY

1. **RELATIVE TO THIS ACTIVITY**, instructors, planners, content reviewers and managers who affect the content of a CME activity are required to disclose financial relationships they have with commercial interests (i.e., any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients). The ACCME does not consider providers of clinical services directly to be commercial interests.
2. Disclose financial relationships with a commercial interest relevant to the activity.
3. You are to disclose financial relationships that fit #2 above **in any amount** that has been received **over the past 12 months ONLY**.
4. Financial relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition **do not have to be disclosed**.
5. Honoraria received, or consulting funds, from a CME provider, even though those funds may have been provided to that CME/CE provider through an educational grant from a commercial interest, **do not have to be disclosed**.
6. If you are a **principal investigator** for a clinical research project, you must report that research relationship below under "Contracted Research" even if those funds came to an institution. Non-P.I. investigators need not report this relationship.
7. If your spouse or life partner has a relevant financial relationship with a commercial interest (e.g., is employed as the VP-Marketing), or provides marketing advice to a commercial interest that is relevant to this activity, **you must include that disclosure in the table below**.
8. In accordance with ACCME requirements, failure to provide disclosure information in a timely manner will result in the disqualification of the potential planner, course director, moderator, faculty, presenter, author or reviewer from this activity.
9. In accordance with ACCME requirements, **you may not participate as a member of a CME course planning committee or faculty if you are an employee or owner of a commercial interest** (CI) such as a pharmaceutical/device or biologic company or any other CI as defined by the ACCME [i.e., any entity producing, marketing, re-selling, or distributing health care goods or services related to his or her employer (such as pre-product research mechanisms).]

**PART I: NATURE OF RELEVANT FINANCIAL RELATIONSHIPS:**

1. Are you, your spouse/life partner an employee or owner of a commercial interest that is relevant to this activity?  Yes  No
2. Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest relative to the content of this activity?  Yes  No

Please include below only those relationships relative to this activity.

<b>Check the Type of Financial Relationship</b> WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include relevant spouse/life partner relationships	<b>Indicate the Name of the Commercial Interest</b> WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include relevant spouse/life partner relationships
<input type="checkbox"/> Speakers Bureau (paid directly by commercial interest)	
<input type="checkbox"/> Consulting Fee	
<input type="checkbox"/> Royalty	
<input type="checkbox"/> Receipt of Intellectual Property Rights/Patent Holder	
<input type="checkbox"/> Fees for Non-CME Services Received Directly from a Commercial Interest or its Agent ( <i>an accredited ACCME provider is not an agent for a commercial interest, whereas a company acting for a commercial interest in a promotional activity is an agent.</i> )	
<input type="checkbox"/> Contracted Research. <i>If you are a principal investigator, you must report a financial relationship (even if grant funds are managed by your institution). Non-P.I.s need not report.</i>	
<input type="checkbox"/> Stocks, stock options, or other ownership interest ( <i>ownership of diversified mutual funds is not reportable</i> )	
<input type="checkbox"/> Other (please describe):	

If you reported relevant financial relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?  No  Yes

**PART II: UNLABELED/UNAPPROVED DRUGS**

Do you intend to reference unlabeled/unapproved uses of drugs or products in your presentation?

- No. Skip to Part III below.**  **Yes.** Provide the names of the drugs or products you will reference below.

**PART III: ATTESTATION OF CME/CE VALUE STATEMENTS**

Please indicate your understanding of and willingness to comply with each statement below. If any statements do not apply to your participation in this activity, please select "N/A." If you require clarification of these statements or have questions regarding your ability to comply, please contact the University of Louisville CME & PD Office (cmepd@louisville.edu or 502-852-5329) immediately.

Agree	Disagree	N/A	Value Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed all relevant financial relationships and I will disclose this information to learners.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for <u>this</u> activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria, additional payments or reimbursements <i>directly from a commercial interest</i> for my participation in <u>this</u> activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that Office of CME & PD may need to review my presentation and/or content prior to <u>this</u> activity, and I will provide educational content and resources in advance as requested.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial interest or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

**My signature (or typed name for e-filing) below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information. I am aware that financial disclosure information provided on page 2 of this form will be shared with learners prior to their engagement in this CME activity.**

Signature:  Date:

**INSTRUCTIONS:**

Please E-mail a copy of this completed form to the course coordinator. You can save a copy to your computer file (pdf format) and then attach it to your email. If you cannot save a pdf file on your computer, then print the form and fax it to the course coordinator. If you are having any difficulty you may contact the CME & PD office (502) 852-8973, for assistance.

Print Form

Name of CME Program/Activity: \_\_\_\_\_

Title and type of presentation: \_\_\_\_\_

Presenter's name: \_\_\_\_\_

**Instructions:** PLEASE REFERENCE SLIDE NUMBER(S) WHEN RESPONDING TO THESE QUESTIONS. It is understood that in a slide review you will not have access to the accompanying narrative, so make your responses based solely on the data contained in the slides. In reviewing narrative material, please make comments with reference to the page number.

Is this presentation/material free of commercial bias?

\_\_\_ Yes \_\_\_ No If no, please comment, providing specifics below:

---

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Are the slides/narrative for this presentation fair and balanced? \_\_\_ Yes \_\_\_ No

If not, please explain:

---

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Do any slides or narrative materials need to be revised or deleted? \_\_\_ Yes \_\_\_ No

If yes, please be specific:

---

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Are the patient treatment recommendations included in this CME presentation evidence-based?

\_\_\_ Yes \_\_\_ No

If not, please comment below:

---

---

Reviewer Name: (please print) \_\_\_\_\_

UofL Department: \_\_\_\_\_

Reviewer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Continuing Medical Education and Professional Development **Guidelines for Commercial Support**

The content of CME activities approved by CME & PD may not promote commercial interests (i.e., there can be no commercial bias within the content.) To document relevant financial relationships, all individuals in a position to control the content including the Course Director, Course Coordinator, Planning Committee Members and Presenters are required to complete a **Disclosure of Relevant Financial Relationships Form** (*see example on page 14*) as required by ACCME Standards for Commercial Support. Subsequently, any individual who reports a relevant financial relationship with a commercial interest is also subject to having his/her presentation reviewed by an independent peer reviewer. Failure to complete a disclosure disqualifies a person from having involvement in the determination of the content or presentation of a CME program. At the time of the program, each speaker is required to disclose any relevant financial relationships, both in the welcome letter and as he/she begins his/her individual presentations. All non-speakers (planners, program staff, course directors and coordinators) should disclose any relevant financial relationships in the welcome letter.

All commercial support (including in-kind value) must be formally arranged by the program planners using either:

- The CME & PD **Exhibit/Commercial Sponsor Form** (*see example that follows on page 23*).
- The CME & PD **Letter of Agreement (LOA)** (*see example that follows on page 24*) or a LOA from the grantor providing support. No commercial support (grants) may be given to the program without the full knowledge and approval of the CME & PD office and the office of Executive VP - Health Affairs. Grant LOAs must be executed prior to final preparation and presentation of the approved program. The LOA must be between the University of Louisville Research Foundation, Inc. and the funding grantor, and Letters of Agreement must be reviewed and signed by the University of Louisville Research Foundation, Inc. (the agent of the University of Louisville for receiving grants). Assistance with this procedure should be sought with the CME&PD staff.

Documentation of receipt and expenditure of all forms of commercial support including honoraria, speaker expense reimbursement, catering expenses and all other program-related expenses must be included in the **Budget Worksheet** (*see example that follows on page 28*).

## **Continuing Medical Education and Professional Development Exhibitor/Commercial Support Representative Guidelines**

Continuing Medical Education and Professional Development (CME&PD) has prepared these guidelines in order to promote open and spontaneous questions by participants and to assure compliance with all ACCME criteria and commercial sponsorship standards. The meeting provides a meaningful opportunity for commercial support representatives to interact with both presenters and learners, but should be limited to conversations on the exhibit floor. CME&PD, as an accredited ACCME provider of continuing medical education to physicians as well as other healthcare professionals, must assure that all interactions within the learning environment are free from commercial bias of any kind. We appreciate your cooperation as we strive to present a quality learning product to our participants.

- ◆ Commercial support representatives will be required to wear an exhibitor/sponsor ribbon, which may be picked-up at the registration desk.
- ◆ Commercial support representatives are expected to stand in the rear of the meeting room and observe the activity.
- ◆ Conversations between exhibitors/commercial support representatives and presenters will not be permitted in the meeting room.
- ◆ Conversations between exhibitors/commercial support representatives and learners will not be permitted in the meeting room.
- ◆ Conversations between exhibitors/commercial supporter representatives (of either the same company or another company), in which products are discussed, will not be permitted in the meeting room.
- ◆ Advertisement, promotional materials including flyers and business cards cannot be displayed or distributed in the educational space immediately before, during or after a CME activity.
- ◆ Should either a presenter or learner approach a corporate representative, the representative should explain that they are there to observe only, and product specific questions can be addressed at the corporate booth in the exhibit hall.
- ◆ Commercial support representatives cannot provide a CME activity to learners or distribute self-study materials or provide electronic access to CME activities.
- ◆ CME&PD does not provide continuing education credits to Exhibitor/Commercial Support Representatives who are acting in that capacity.

### **Please signify your acceptance of these guidelines**

\_\_\_\_\_ I acknowledge the Exhibitor/Commercial Support Representative Guidelines as outlined above and agree that I will abide by those guidelines.

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

Print Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

## **ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities**

**Definition: The “Provider” is the institution providing the CME credits (U of L).**

**The “Educational Partner” is the joint provider (not the commercial supporter.)**

### Standard 1: Independence

**STANDARD 1.1** A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See [www.accme.org](http://www.accme.org) for a definition of a "commercial interest" and some exemptions.) (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

**STANDARD 1.2** A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

### Standard 2: Resolution of Personal Conflicts of Interest

**STANDARD 2.1** The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**STANDARD 2.2** An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

**STANDARD 2.3** The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

### Standard 3: Appropriate Use of Commercial Support

**STANDARD 3.1** The provider must make all decisions regarding the disposition and disbursement of commercial support.

**STANDARD 3.2** A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

**STANDARD 3.3** All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

**STANDARD 3.4** The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

**STANDARD 3.5** The written agreement must specify the commercial interest that is the source of commercial support.

**STANDARD 3.6** Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

**STANDARD 3.7** The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

**STANDARD 3.8** The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

**STANDARD 3.9** No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

**STANDARD 3.10** If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

**STANDARD 3.11** Social events or meals at CME activities cannot compete with or take precedence over the educational events.

**STANDARD 3.12** The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

**STANDARD 3.13** The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

### Standard 4: Appropriate Management of Associated Commercial Promotion

**STANDARD 4.1** Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

**STANDARD 4.2** Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. (Supplemented February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.) Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content. For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.' For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity. (Supplemented, February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.) For Journal-based CME, None of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

**STANDARD 4.3** Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

**STANDARD 4.4** Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

**STANDARD 4.5** A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

#### Standard 5: Content and Format without Commercial Bias

**STANDARD 5.1** The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

**STANDARD 5.2** Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

#### Standard 6: Disclosures Relevant to Potential Commercial Bias

**STANDARD 6.1** An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

**STANDARD 6.2** For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

**STANDARD 6.3** The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind" the nature of the support must be disclosed to learners.

**STANDARD 6.4** 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

**STANDARD 6.5** A provider must disclose the above information to learners prior to the beginning of the educational activity.

Program Title \_\_\_\_\_

Date \_\_\_\_\_

Course Director \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_ Fax \_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Exhibit/Sponsor AMOUNT (or describe in-kind value) \_\_\_\_\_

**THE SUPPORTER WISHES TO PROVIDE COMMERCIAL SUPPORT FOR**

Exhibit Space or  Sponsorship

Exhibit/Sponsor AMOUNT (or describe in-kind value) \_\_\_\_\_

If exhibiting, will you require an electrical outlet? Yes  No



1. **Prepare a check** made payable to UofL CME & PD and mail to CME & PD Med Center One, 501 E. Broadway Suite 370, Louisville, KY 40202

2. **Provide your credit card information** on this form and **MAIL** it to CME & PD Med Center One, 501 E. Broadway Suite 370, Louisville, KY 40202 or **FAX** to (502) 852-6300

**Note: DO NOT SEND BY EMAIL. This information cannot be received by email to remain in compliance with University PCI DSS policy**

Please charge to my \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA

\_\_\_\_\_  
Name as it appears on your card (please print)

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp. Date

I understand that if I reserve exhibit space and do not show to claim such space, the exhibit fee is not waived and is due and payable to the University of Louisville or program planning department/org.

**LETTER OF AGREEMENT**

The following LOA template may be used in establishing an understanding of the use of funds designated as an unrestricted educational grant. If the grantor prefers to utilize its own document, the University of Louisville reserves the right to review and amend that document to ensure that the legal protection and rights of the University are provided for. This document must be signed by the grantor and the University of Louisville Research Foundation (the CME provider).

**GRANTOR ORGANIZATION NAME:** \_\_\_\_\_

**GRANTOR CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TITLE OF COURSE:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**THE ABOVE GRANTOR COMPANY WISHES TO PROVIDE SUPPORT FOR THE NAMED CONTINUING MEDICAL EDUCATION COURSE BY MEANS OF:**

**AN UNRESTRICTED/RESTRICTED EDUCATIONAL GRANT FOR SUPPORT OF THE COURSE THE AMOUNT OF: \$ \_\_\_\_\_**

**A. TO REIMBURSE EXPENSES FOR A SPEAKER OR SPEAKERS TO INCLUDE:**

**ALL EXPENSES \_\_\_\_\_ TRAVEL ONLY \_\_\_\_\_ HONORARIUM ONLY \_\_\_\_\_**

**B. SUPPORT FOR CATERING FUNCTION (SPECIFY) \_\_\_\_\_**

**C. OTHER: AUDIO VISUAL, BROCHURE PRINTING, ETC. (SPECIFY)**

\_\_\_\_\_

D. IN KIND SUPPORT (SPECIFY) \_\_\_\_\_

Grantor (“Company”):

\_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

Accredited Educational Provider (“Sponsor”):

**University of Louisville Research Foundation, Inc.**

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

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

Joint Educational Provider (“Sponsor”):

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

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**CONDITIONS OF AN EDUCATIONAL GRANT**

1. **Statement of purpose:** program is for scientific and educational purposes only and will not promote the company’s products, directly or indirectly.
2. **Control of content, selection of presenters, etc.:** sponsor is responsible for activity content, selection of presenters, moderators, needs assessment, determination of objectives and outcomes, methods, materials, delivery, budget and evaluation of the activity independent of commercial influence.
3. **Disclosure of financial relationships:** sponsor will ensure disclosure to the audience of: (a) company funding; (b) any relevant financial relationships between the sponsor and the company

(e.g., grant recipient); any relevant financial relationships between the individual speakers, moderators or the company.

4. **Involvement in content**: there will be no “scripting”, emphasis, or influence on content by the company or its agents.

5. **Ancillary promotional activities**: no promotional activities will be permitted in the same room or near the educational activity. No product advertisements will be permitted in the educational activity room.

6. **Objectivity and balance**: sponsor will make every effort to ensure that data regarding the company’s products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.

7. **Limitations of data**: sponsor will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.

8. **Opportunities for debate**: sponsor will ensure opportunities for questioning or scientific debate.

10. **Independence of sponsor in the use of contributed funds**:

- a. Funds should be in the form of an educational grant made payable to University of Louisville Research Foundation, Inc. (Federal I.D. #61-1029626).
- b. All other support associated with this course must be given with the full knowledge and approval of the Continuing Medical Education and Professional Development office, University of Louisville, School of Medicine.
- c. No other funds from the grantor company will be used to pay the program director, faculty, additional honoraria, extra social events, non-presenting attendees, or others involved with this course.
- d. Social events or meals at the CME activities cannot compete with or take precedence over the educational events.

11. **The grantor company agrees to**: abide by all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education*.

12. **The accredited sponsor agrees to**: (1) abide by the ACCME *Standards for Commercial Support of Continuing Medical Education*; (2) acknowledge educational support from the grantor company in program materials, and (3) upon request, furnish the grantor company a report concerning the expenditure of the funds provided.

**UofL CME&PD  
MedCenter One  
501 E. Broadway, Suite 370  
Louisville, KY 40202**

**Telephone: 502-852-5329    Fax: 502-852-6300    E-mail: [cmepd@louisville.edu](mailto:cmepd@louisville.edu)**

## **TERMS, CONDITIONS AND PURPOSE OF COMMERCIAL SUPPORT**

### **Disbursement of Commercial Support**

- 1) The CME & PD will make all decisions regarding the disposition and disbursement of commercial support for all CME educational activities.
- 2) The CME & PD will not accept advice or services from a commercial interest concerning teachers, authors, or participants as a condition for receiving funds or services.
- 3) The CME & PD will not accept advice or services concerning education matters or content for a CME activity as a condition for receiving funds or services.
- 4) Full knowledge and approval is required by the CME & PD before commercial support can be provided for a CME & PD/CME activity.

### **Written agreement documenting terms of support**

- 5) The CME & PD Letter of Agreement (LOA) delineates the terms, conditions and purpose of the commercial support.
- 6) The Letter of Agreement must be between the commercial supporter, the CME & PD and the educational partner or joint sponsor.
- 7) Commercial support may be disbursed to the CME & PD, educational partner or a joint sponsor with approval from the CME & PD.
- 8) The CME & PD Letter of Agreement specifies the commercial interest that is the source of commercial support.
- 9) The CME & PD, its educational partner or joint sponsor may use the commercial supporter's letter of agreement as long as the LOA is between the commercial support, the CME & PD and the educational partner or joint sponsor; and the LOA adheres to the CME & PD and the ACCME policies for commercial support; and it is reviewed and signed by the CME & PD prior to acceptance.
- 10) Both the commercial supporter and the CME & PD must sign the Letter of Agreement. The signature of the educational partner or joint sponsor is optional.

### **Commercial Support Usage and Accountability**

- 11) The CME & PD or its educational partner must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity.
- 12) The CME & PD or its educational partner may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the CME & PD and its educational partner.
- 13) Social events or meals at a CME & PD educational activity cannot compete with or take precedence over the educational activity.
- 14) The CME & PD must produce accurate documentation of all expenses and income for an educational activity that receives commercial support.
- 15) If an educational partner has approval from the CME & PD to receive the commercial support, they must provide the CME & PD accurate documentation and a financial wrap-up of income and expenses.
- 16) Commercial and in-kind support must be disclosed to learners prior to an educational activity.
- 17) A commercial interest cannot take the role of a non-accredited partner in a joint providership relationship.

## COMMERCIAL SUPPORT

### BUDGET WORKSHEET

**Documentation of receipt and expenditure of all forms of commercial support including honoraria, speaker expense reimbursement, catering expenses and all other program-related expenses must be included in the Budget Worksheet and submitted to the CME & PD department along with the Report Form within one month of each of the RSS sessions.**

**Name of Department/Program:**

**Title of the RSS Session Presentation:**

**RSS Session Date:**

ITEM	AMOUNT
<b>Catering and Site Arrangements</b>	
<b>Faculty/Speaker Honorarium</b>	
<b>Faculty/Speaker Travel</b>	
<p><b>Source(s) and Income for this RSS Session</b></p> <p><i>If it is an educational grantor exhibitor/sponsor, list name(s) of company.</i></p> <p><i>Name of Company:</i> _____</p>	
<p><b>Other Expenses</b></p> <p><i>(Please list and provide amount.)</i></p>	

## “Must-Haves” for Welcome Letter

The RSS Coordinator is responsible for creating a Welcome Letter for each RSS session, and that letter must have certain elements in order to meet ACCME criteria and guidelines. Following is a contents listing of those required elements, and example templates are provided on pages 31 and 32. Remember, you are a “provider” if you are a University of Louisville department; you are a “joint provider” if you are an organization outside of the University of Louisville.

- **Name of the Department (or Outside Organization/Unit)**
- **Date, Start and End Times and Title of the Course**
- **Location of the RSS**
- **Name, Title and Affiliation of the Course Speaker(s)**
- **At least One Learning Objective for Each Topic Presented**

**A learning objective states a specific, measurable task and behavioral change that the physician will be able to perform as a result of attending the CME presentation. The three essential elements of learning objectives are a statement of *who* (the learner), *how* (the action verb) and *what* (the content) such as:**

WHO	HOW	WHAT
The learner will be able	to list	three factors to consider in prescribing XYZ medication.
The participants will be able	to identify	the psychosocial factors important in the development of a crisis intervention plan.
The physician will be able	to explain	the dangers of using ABC medication in children under the age of eight years old.

- **Target Audience**
- **Accreditation Statements** *(Please use one only of the two below.)*

### U of L Provided Accreditation Statement

**The University of Louisville School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.**

### **Jointly Provided Accreditation Statement**

*(Organizations outside of U of L -- Jewish Hospital, Sts. Mary and Elizabeth Hospital, KCPC, VA, Ireland Army Hospital, Northern California Dermatological Society, Taylor Regional Hospital)*

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the the Accreditation Council for Continuing Medical (ACCME) through the joint providership of the University of Louisville School of Medicine and <[insert your company name here]>. The University of Louisville School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

- **Designation Statement**

The University of Louisville School of Medicine designates this “live activity” for a maximum of <[insert number here]> *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity. *(Please note that the phrase AMA PRA Category 1 Credit(s)<sup>TM</sup> is in italics, and the trademark symbol, <sup>TM</sup>, should appear following the phrase.)*

- **Special Services Statement**

To request disability arrangements, call <[insert telephone number here]> at least 10 days prior to the program. The University of Louisville School of Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof.

- **Acknowledgement of Commercial Support** *(Please use one only.)*

a. No commercial support was provided for this RSS session.

OR

b. <[Insert your department/division name here here]> gratefully acknowledges <[Insert the sponsoring organization here]> for supporting this activity.

Sample of Statement: The Department of CME&PD gratefully acknowledges The Nice Pharmaceutical Company for supporting this activity.

- **Disclosure to Audience** *(Please see Welcome Letter samples on page 31-32.)*

- **Nursing Statement** *(Only include this statement if you receive nursing credit through University of Louisville Hospital.)*

This program has been approved by the Kentucky Board of Nursing for <[insert number here]> continuing education credits through University of Louisville Hospital, provider number 4-0068-7-16-???. The Kentucky Board of Nursing approval of an individual nursing education provider does not constitute endorsement of program content.

## Welcome to the Fun Community Hospital RSS Grand Rounds

Monday, August 3, 2015  
Fun Community Hospital / Classroom A  
1234 Any Street  
Any City, KY 40121

**Agenda:**

- 7:00 a.m. Registration
- 7:05 a.m. – 8:05 a.m. “Welcome To Joyful Medicine”
- 8:05 a.m. Evaluation and Adjourn

**Guest Faculty:** Dr. Feel Better – Associate Professor, Department of Happiness, University of Louisville School of Medicine.

**Objective(s):**

Insert Learning Objective Here  
Insert Learning Objective Here

**Target Audience:** Family practice physicians, pediatricians and all other interested health care professionals.

**Accreditation Statement:** The University of Louisville School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Designation Statement:** The University of Louisville School of Medicine designates this live activity for a maximum of ? AMA PRA Category 1 Credit(s)<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Special Services:** To request disability arrangements, call 555-5555 at least 10 days prior to the program. The University of Louisville School of Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof.

**Disclosures:**

Name / RSS Role Today	Commercial Entity with Whom There is a Relevant Financial Relationship  (Or None)	Nature of Relevant Financial Relationship with Commercial Entity  (Speaker, Consultant, etc.)		Relevant Financial Relationship Conflict Resolved  (Content Was Peer Reviewed and Determined to be Fair and Balanced and Without Commercial Bias)
		What was received?	For what role?	
Dr. Feel Better – Speaker	None			
Dr. John Doe - RSS Program Director	None			
Susan Jones – RSS Coordinator	None			
Dr. Karen Doe - Planning Committee Member	None			

The CME and PD staff and Advisory Board have nothing to disclose.

**No commercial support was provided for this RSS activity.**

## Welcome to the Fun Hospital Journal Club

Monday, August 3, 2015

**Fun Hospital**

Conference Room A, MedCenter One Building, University of Louisville School of Medicine

**Agenda:**

- 7:00 a.m. Registration
- 7:05 a.m. – 8:05 a.m. “Management of CME Credits for Maximum Outcome”
- 8:05 a.m. Evaluation and Adjourn

**Guest Faculty:** Dr. Feel Better – Associate Professor, Department of Happiness, University of Louisville School of Medicine.

**Objective(s):**

Insert Objective Here  
 Insert Objective Here

**Target Audience:** Family practice physicians, pediatricians and all other interested health care professionals.

**Accreditation Statement:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The University of Louisville School of Medicine and Fun Community Hospital. The University of Louisville School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

**Designation Statement:** The University of Louisville School of Medicine designates this live activity for a maximum of ? AMA PRA Category 1 Credit(s)<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Special Services:** To request disability arrangements, call 555-5555 at least 10 days prior to the program. The University of Louisville School of Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof.

**Disclosures:**

Name / RSS Role Today	Commercial Entity with Whom There is a Relevant Financial Relationship  (Or None)	Nature of Relationship with Commercial Entity  (Speaker, Consultant, etc.)		Relevant Financial Relationship Conflict Resolved  (Content Was Peer Reviewed and Determined to be Fair and Balanced and Without Commercial Bias)
		What was received?	For what role?	
Dr. Feel Better – Speaker	ABC Company	Research Grant	Researcher	Yes
Dr. John Doe - RSS Program Director	None			
Susan Jones – RSS Coordinator	None			
Dr. Karen Doe - Planning Committee Member	None			

The CME and PD staff and Advisory Board have nothing to disclose.

**The Fun Hospital gratefully acknowledges ABC Company for providing a non-restricted educational grant in support of this RSS activity.**

## RSS SESSION REPORT FORM

RSS Program Name: \_\_\_\_\_

Title of this RSS Session Presentation: \_\_\_\_\_

RSS Session Date: \_\_\_\_\_

Speaker(s) Name/Affiliation: \_\_\_\_\_

\_\_\_\_\_ Number of *AMA PRA Category 1 Credit(s)*<sup>TM</sup> for this session

\_\_\_\_\_ Number of new guest MDs/DOs. **(If applicable, include Guest Attendance Sheet form provided.)**

\_\_\_\_\_ Total number of fellows and residents

\_\_\_\_\_ Total number of students, DMDs, PhDs, nurses & others

PROVIDE THE FOLLOWING: **(Please do not turn in this report unless everything listed below is included.)**

\_\_\_\_\_ A copy of your Welcome Letter for this session.

\_\_\_\_\_ A signed Copy of a Disclosure Form for each speaker. **(Use form provided.)**

\_\_\_\_\_ Content Review Form – completed by course director if COI for speaker is identified. **(Use form provided.)**

\_\_\_\_\_ A completed Tabulated Summary of Evaluations form. **(Use form provided.)**

\_\_\_\_\_ Speaker/Presenter/Moderator CV if Nursing CEUs are provided by University of Louisville Hospital.

### COMPLETE THE FOLLOWING ITEMS ONLY IF FUNDING WAS PROVIDED FROM AN EXTERNAL SOURCE SUCH AS A MEDICAL PRODUCTS OR PHARMACEUTICAL COMPANY

\_\_\_\_\_ Letter of Agreement and/or Exhibit/Commercial Sponsor Form – if applicable. Please provide a completed and signed Exhibit/Sponsor Form to be submitted along with the Budget Worksheet documenting the income received and expended if any funding was provided for this session. Document that your department paid the honorarium and travel expenses directly to the speaker. (No commercial company is allowed to pay honorarium and expenses directly to a speaker.)

Report Submitted By: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Sample Evaluation Form

Name of Department:

Title of the RSS Session Presentation:

RSS Session Date:

Speaker(s):

\*\*\*\*\*

Do you think this session helped in changing your knowledge and competence?

**NO**     **YES**

If this session changed your knowledge and competence, please explain how:

---

---

What topics do you want to hear more about, and what issues in your practice will these topics address?

---

---

---

Did you perceive any commercial bias in this presentation?

**NO**     **YES**

**If yes, please briefly explain below.**

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## TABULATION SUMMARY OF EVALUATIONS

To Be Submitted with the RSS Report Form

**Name of Department:**

**Title of the RSS Session Presentation:**

**RSS Session Date:**

**Speaker (If Applicable):**

Do you think this session helped in changing your knowledge and competence?		Did you perceive any commercial bias in this presentation?		Comment from RSS Coordinator to CME Department
Yes	No	Yes	No	

**Continuing Medical Education and Professional Development  
RSS Faculty and Guests Attendance Sheet  
To Be Submitted With RSS Report Form**

<b>Date:</b>			
<b>RSS Program:</b>			
<b>Speaker:</b>			
<b>Last Name</b>	<b>First Name</b>	<b>License Number</b>	<b>Cell Phone Number Attended</b>