Knoxville-based UT Graduate School of Medicine office of Continuing Medical Education and Professional Development (CEPD) supports the continuing medical education mission of the university’s accredited parent organization, UT College of Medicine Health Science Center in Memphis.

The continuing medical education mission of the UT College of Medicine is to improve the health of Tennesseans through its CME activities designed for faculty, physicians, and healthcare professionals in the region. Based on the standards developed by various accrediting organizations, these activities are expected to produce measurable results in competence, performance, and/or patient outcomes.

**CME Documentation Checklist**

**Documents required with the completed CME certification application (before activity can be publicized):**

___ Demonstration of gap analysis and needs assessment  
___ Detailed agenda and timeframe  
___ Names, CVs and completed Disclosure Forms* from all planning committee members  
___ Draft of evaluation/testing mechanism  
___ Draft of marketing piece(s) and/or screenshots

**Documents required **before the activity occurs:**

___ Final copy of all marketing materials and/or screen shots  
___ Post-marked copy of marketing materials (if applicable)  
___ Letters of agreement  
  1. ___ Department/Organization*  
  2. ___ Speakers  
  3. ___ Commercial supporters (signed by both parties)  
___ Disclosure Forms* signed by all presenters  
___ Handout materials and presentation slides  
___ Signed Content Review Form* for each set of handouts or slides  
___ Evaluation Form containing questions about commercial bias and presenter disclosures*  
___ Written Disclosure* form to be given to each participant and/or Verbal Disclosure Script* to be read onsite

**Documents required within two weeks of the activity:**

___ Participant sign-in sheets  
___ Individual Credit Request Forms*  
___ Completed transcript excel file* with each attendee listed and the hours they obtained  
___ Summary of evaluations and/or testing results  
___ Financial reconciliation (if needed)

*Forms and/or wording provided by the CEPD office

Revised 11-11-11