

Please complete this summary for **EACH** session and confirm completion of the required Continuing Medical Education (CME) course documentation.

<i>Series Title</i>			
<i>Presentation Title</i>		<i>Date</i>	
		<i>Time</i>	
<i>Coordinator</i>		<i>Affiliation(s)</i>	
<i>Course Medical Director</i>			
<i>Speaker(s)</i>			

**Information included in packet:**

- ☐ ATTENDANCE ROSTER
- ☐ EVALUATION
- ☐ SPEAKER DISCLOSURE AND CV/RESUME ON FILE
- ☐ SPEAKER AGREEMENT
- ☐ COPY OF MARKETING MATERIALS (FLYER)
- ☐ COPY OF HANDOUTS
- ☐ COPY OF SLIDES
- ☐ SLIDE REVIEW AND/OR IDENTIFICATION AND MITIGATION FORM (BY COURSE MEDICAL DIRECTOR)
- ☐ REPORT OF REVENUES AND EXPENDITURES

*Exhibiting Company, if applicable:*

- ☐ LETTER OF AGREEMENT
- ☐ AMOUNT OF EXHIBIT FEE:

**I affirm that disclosure of speaker(s) relationships with ineligible companies was made known to the audience.**

*Course Medical Director Signature:*

*Date:*

**FOR SR-AHEC USE ONLY**

*CME Comments:*