A picture containing text, clipart

Description automatically generated

State Chapter Joint Providership CME Timeline and Checklist

| State Chapter Name: |  |
| --- | --- |
| Activity Name: |  |
| Activity Date & Location: |  |

| **TIMELINE** | **ACTIVITY** | **RESPONSIBILITY**  **OF** | **DATE**  **COMPLETED** |
| --- | --- | --- | --- |
| 6 months prior to the date of the CME activity | **Financial Disclosures**   * Planning committee, faculty, course director(s) must complete disclosure before the planning stage for the meeting. <https://asmbs.org/financial>[-relationship-disclosureform](https://asmbs.org/financial-relationship-disclosure-form) * Ensure all completed disclosures have been submitted to ASMBS including all activity planners and confirmed speakers. * Refusal to resolve conflicts will result in withdrawal of invitation to participate. * Complete disclosure report MUST be included in final program, website, flyers, and promotional emails. The Chapter’s method must be shared with ASMBS for proof. | State Chapter and ASMBS CME Department |  |
| 6 months prior to the date of the CME activity | **Applications**  Submit letter of intent and joint providership agreement by E-mail. Include:   * Disclosures of all faculty, course directors and planning committee members   <https://asmbs.org/financial>[-relationshipdisclosure-form](https://asmbs.org/financial-relationship-disclosure-form)   * Draft program agenda * Preliminary budget * Document initial faculty contact * Course director, faculty, and planning committee CVs   Once approved, state chapter liaison will provide the full application. Submit required documents by E-mail.  Include:   * $200 non-refundable application fee (check or card payment) * Finalized Agenda with speakers and their contact information. * List of commercial support | State Chapter |  |
| 6 Months prior to CME activity date | **Program Planning Correspondence**   * Send copies of all educational program planning materials and correspondence to ASMBS CME Department | State Chapter |  |
| As soon as material is in draft /ongoing | **Advance Promotional Materials**  Receive approval of ALL advance promotional materials from ASMBS CME Department. Materials must include:   * Course learning objectives * Target audience * Meeting agenda and instruction methods * Accreditation statement and Joint-Providership statement as well as CME awarded (determined by ASMBS upon receipt of final meeting agenda): <https://asmbs.org/professional-education/cme-policies> * Faculty list * Financial disclosure report with all relationships mitigated | State Chapter and ASMBS  CME Department |  |

| 2-4 months prior | **Commercial Support Letters of Agreement**   * Send Letters of Agreement (LOA) to commercial supporters for contact information and signature. Submit collected LOA to ASMBS. LOA must be signed by both the State Chapter and the commercial supporter. Must include monetary amounts on LOA. * Prepare listing of companies for acknowledgement in program book. | State Chapter |  |
| --- | --- | --- | --- |
| 1-2 months prior | **Final Program**  Receive approval from the ASMBS prior to printing. Be sure the final program book includes:   * Learning objectives * Meeting agenda * Accreditation statement * Listing of commercial support * Financial Disclosure Report * Commercial support companies listed.   + DO NOT USE LOGOS | State Chapter |  |
| 3-4 weeks prior | **Collection & Review of Faculty Presentations**   * All faculty PowerPoint presentations, and/or any course materials are to be forwarded to the ASMBS CME contact and reviewed for potential conflict of interest and commercial bias. * ASMBS will work with the presenter and the State Chapter President/Director to resolve any COI. | State Chapter and ASMBS CME Department |  |
| 7-14 business days after activity | **Evaluation Form & CME Certificate Processing**  Send ASMBS the final attendee registration list: First name, last name, credentials, and email address in a MS Excel spreadsheet (All information in separate columns). The following services will be provided by ASMBS for collecting evaluations and providing CME/CE certificates:   * ASMBS will send an email to the attendees with a direct link for them to complete evaluations following the conclusion of the activity, claim the appropriate number of credit hours, and obtain their CME certificate. * Integrated health professionals claiming CE credits can obtain an attendance certificate at the time they complete their evaluation; then, about a month post activity, they will receive an official CE certificate from Taylor College. * Any on-site registrations can be sent to ASMBS at the close of registration at the end of each day. Please tell the attendee that it will be 24-48 hours before they will be able to access the evaluation and credit claims site. They will be sent an email when access is available. | State Chapter and ASMBS CME Department |  |
| Within 1 month of post-activity | **Post-Activity Items**  • Collect and forward copies of the following to ASMBS:   * Final printed/ digital copy of the program that was distributed at your meeting. * Any material distributed other than the program book such as E-mail blasts and brochures. * Final budget break-down. Include revenue, expenses, commercial support, exhibitor and advertising income, total net revenue/loss, and total expenses of entire CME unit for this activity. * Proposal for year’s meeting dates, location, and CME contact person. * An invoice will be sent to the chapter in the amount of $200 per CME credit (for example 8 CME hours = $1600) | State Chapter |  |