

## CME Activity Brochure/Promotion Checklist

This page contains all of the required and recommended elements for your brochure or activity announcement. The University of Colorado Denver School of Medicine (UDCSOM) Office of Continuing Medical Education (OCME) will work directly off this checklist. If a required element is missing the promotional piece will be returned to you without approval.

All promotional materials must be reviewed and approved by the Office of CME prior to printing. All brochures or promotional materials certified for credit by the University of Colorado Denver School of Medicine, Office of CME require the following elements unless otherwise stated.

- Sponsorship Statement on the Cover of the Brochure
- Title, Date and Location of Activity on the Cover
- Behavioral Learning Objectives/Anticipated Outcomes
- Program Overview/Statement of Need
- Intended Target Audience and Any Prerequisites for Participation
- Faculty Presenters with Credentials
- Program Schedule with Times, Topics and Speakers
- Cancellation and Refund statements
- Accreditation Statement and Designation Statement
- Colorado Commission on Higher Education statement on outside cover
- ADA Statement
- Joint Sponsorship Statement (if applicable, required)
- Co-sponsorship Statement (if applicable, required)
- Faculty Disclosure Information (recommended)
- Acknowledgment of Grants/Commercial Support (recommended)
- Cellular Phones/Pager Statement (recommended)
- Facility and Hotel Accommodation Information
- Registration Form (see sample form for required elements)

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This section to be completed by the Office of Continuing Medical Education.

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Approval Status:

- Approved as is
- Approved with noted changes : \_\_\_\_\_

Returned without approval; Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Approved Wording – University of Colorado Denver School of Medicine**

*Required and approved Sponsorship Statements – required on the front cover of the brochure and/or promotional material*

### Basic or standard sponsorship:

Presented by

<Department Name>, <Division Name, if appropriate>

University of Colorado Denver School of Medicine

Sponsored by University of Colorado Denver School of Medicine Office of Continuing Medical Education

### Joint sponsorship:

Presented by

<Department Name>, <Division Name, if appropriate>

University of Colorado Denver School of Medicine

Jointly Sponsored by University of Colorado Denver School of Medicine Office of Continuing Medical Education and <Name of Joint Sponsor Organization>

### Co-sponsorship:

Presented by

<Department Name>, <Division Name, if appropriate>

University of Colorado Denver School of Medicine

Co-sponsored by University of Colorado Denver School of Medicine Office of Continuing Medical Education and <Name of Co-sponsor Organization>

*Accreditation and Designation Statements – required to be stated in the Brochure and/or Promotional Material*

### Basic or standard sponsorship:

The University of Colorado Denver School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Colorado Denver School of Medicine designates this educational activity for a maximum of (number of credits) *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Note: The phrase *AMA PRA Category 1 Credit(s)*<sup>™</sup> must be written in italics and must contain the trademark symbol.

### Joint sponsorship:

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of The University of Colorado Denver School of Medicine and (name of non-accredited provider). The University of Colorado Denver School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Colorado Denver School of Medicine designates this educational activity for a maximum of (number of credits) *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Note: The phrase *AMA PRA Category 1 Credit(s)*<sup>™</sup> must be written in italics and must contain the trademark symbol.

Co-sponsorship:

The (name of institution accepting responsibility for the activity) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Colorado Denver School of Medicine designates this educational activity for a maximum of (number of credit) *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Note: The phrase *AMA PRA Category 1 Credit(s)*<sup>™</sup> must be written in italics and must contain the trademark symbol.

*Colorado Commission on Higher Education statement – required on the outside cover of the brochure and/or promotional material*

This program is a part of the Colorado Statewide Extended Campus. State funds were not used to develop or administer this program.

*Behavioral Learning Objectives/Anticipated Outcomes (required within the brochure and/or promotional material)*

Start with the phrase, "At the conclusion of this activity, participants should be able to:" and then list the objectives in a bulleted format using the action verbs. These should be related directly to the content of activity presentations. What will participants take away from the activity to improve competence, performance or outcomes? For each learning objective please state a clinical setting and an action. Ex: For my practice, I will know which patients should be given pneumococcal vaccine. A minimum of 5 objectives written as learner outcomes are required.

*Americans with Disability Act statement*



Please indicate if you have any need for auxiliary aids or special assistance services:

*Faculty Disclosure Information (Recommended Wording for Brochures/Promotional Literature)*

Consistent with The UCDSOM policy, faculty for this activity are expected to disclose any economic or other personal interests that create, or may be perceived as creating, a conflict related to the material discussed. This policy is intended to make you aware of faculty's interests, so you may form your own judgments about such material. In addition, consistent with UCDSOM policy, faculty are expected to disclose to you at the beginning of their presentation(s) any product mentioned during their presentation that is not labeled for the use under discussion or is still investigational. This policy is intended to allow you to form your judgments about such material.

*Acknowledgment of Grants/Commercial Support (recommended)*

This program is supported by an educational grant from (name of pharmaceutical/equipment company).

- or -

This program is supported in part by an educational grant from (name of pharmaceutical/equipment company).

*Cancellation and Refund statement (required statement; recommended wording)*

Cancellation/Refunds: The full conference tuition is refundable, less a \$\_\_\_\_ processing fee, if your cancellation is received, in writing, by (date-2 wks in advance). (The \$\_\_\_\_ processing fee is nonrefundable regardless of the reason for cancellation.) Refunds will not be granted after this time or for non-attendance.

The "name of department/organization" reserves the right to cancel this conference in the event of an unforeseen circumstance, or if the minimum acceptable registration is not attained. In the event of cancellation, the "name of department/organization" is obligated to refund the registration fee only.

*Cellular Phones and Pagers statement (recommended wording)*

In consideration of all attendees, please turn off all cellular phones and set pagers to vibrate mode before you enter the meeting room.

*Registration form*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Degree:  MD  DO  PA  NP  PharmD  RPh  RN (examples of possible degrees, use those appropriate for your conference)

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

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

Office Phone (\_\_\_\_) \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Form of Payment:

Credit Card  MasterCard  Visa

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature of Card holder: \_\_\_\_\_ Date: \_\_\_\_\_

Check: Please write the name of the conference and the attendees name on the check. Returned checks will incur the bank fee the OCME is charged.