



<b>For CME Office Use Only</b> Received by: _____ Date: _____ Email Sent by: _____ Date: _____ ACCME Course Type: _____
--

**Cincinnati Children's Hospital Medical Center**  
**Continuing Medical Education**  
**Regularly Scheduled Series\* - Post Session Submission Checklist**

Please complete this form and submit with other required materials relevant to the activity within the time frames listed below. You will receive an email confirmation when we receive your paperwork.

**Forms submitted after 30 days will not be processed for credit. All Fields are required.**

**Presentation Date:** \_\_\_\_\_ **Presentation Location:** \_\_\_\_\_  
**Presentation Title:** \_\_\_\_\_  
**Name of Regularly Scheduled Series:** \_\_\_\_\_  
**Speaker(s):** \_\_\_\_\_  
**Educational Grant(s):** \_\_\_\_\_

<u>Requirements</u>	<u>Deadlines</u>	
___ Completion Slips for participants	48 hours post activity	<input type="checkbox"/> Not applicable
___ Sign-in Sheets for participants	48 hours post activity	<input type="checkbox"/> Not applicable
___ Completed RSS Evaluation Forms	30 days post activity	<input type="checkbox"/> Not applicable
___ Handouts Please attach copies if distributed	30 days post activity	<input type="checkbox"/> Not applicable
___ Revenue Please list the amount of revenue received (i.e. registration fees, commercial support & exhibitor fees)	30 days post activity	<input type="checkbox"/> Not applicable
___ Expenses Please list or attach expenses (i.e. meals, materials, travel expenses, honoraria)	30 days post activity	<input type="checkbox"/> Not applicable

**Form Submitted by:** \_\_\_\_\_

\_\_\_\_\_  
**Name (Please print)**

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

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

\* A series of education activities tied under one program, occurring at least monthly, e.g. Grand Rounds or Tumor Boards.