Cincinnati Children's

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# Cincinnati Children's Hospital Medical Center
## Continuing Medical Education
## Freestanding Activity** - Post Session Submission Checklist

Please complete this form and submit with all 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:**

**Conference Title:**

**Speaker(s):**

**Educational Grant(s):**

| Requirements | Deadlines | |
|---|---|---|
| ____Completion Slips for participants | 48 hours post activity | ☐ Not applicable |
| ____Sign-in Sheets for participants | 48 hours post activity | ☐ Not applicable |
| ____Completed Evaluation Forms | 30 days post activity | ☐ Not applicable |
| ____Handouts<br>Please attach copies if distributed | 30 days post activity | ☐ Not applicable |
| ____ Revenue<br>Please list the amount of revenue received<br>(i.e. registration fees, commercial support & exhibitor fees) | 30 days post activity | ☐ Not applicable |
| ____ Expenses<br>Please list or attach expenses<br>(i.e. meals, materials, travel expenses, honoraria) | 30 days post activity | ☐ Not applicable |

**Form Submitted by:**

_____ _____ _____
**Name (Please print)** **Signature** **Date**

**Activities occurring less frequently as stand-alone activities, e.g. Annual conferences, outreach programs, quarterly forums