# Post-CME Activity Report

*Please provide the following information regarding the CME activity:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Activity:** | |  | | --- | |  | | | |
| **Date(s):** | |  | | --- | |  | | | |
| **Contact Person:** | Name: | |  | | --- | |  | | |
| Email: | |  | | --- | |  | | |
| **Attendees:** | Total Number of Learners: | |  | | --- | |  | | |
| Number of Physicians: | |  | | --- | |  | | |
| Number of Other Learners: | |  | | --- | |  | | |
| **Registration Fees**  If this activity included a registration fee, please report the following: | Cost of registration: | |  | | --- | |  | | |
| Total income from registration fees: | |  | | --- | |  | | |
| **Advertising/Exhibitors**  If this activity included advertising and/or exhibiting fees, please report the following: | Total income from advertising and/or exhibitor fees: | |  | | --- | |  | | |
| **Grant Monies/In-Kind Support from Ineligible Companies** | If this activity was supported by grants either monetary or in kind, complete a **Commercial Support Tracker** sheet and submit along with this Post-Activity Form. | | |
| **Proof of commercial support disclosure to learners.** (e.g., a slide that presented the disclosure, disclosure on a sign in sheet). | | |
| **Additional Materials to Submit** | **Attendance List** with names of learners | | |
| **Proof of disclosure of the presence or absence of relevant financial relationships to learners.** (e.g., a slide that presented the disclosure, disclosure on a sign in sheet). See the Standards for Integrity and Independence for more information on disclosures. | | |
| **Learner change information** for the activity (e.g., evaluation summary) | | |
| **The MMET Activity Monitoring Form** filled out by a planner or peer during each session of the activity. | | |
| **Please also be sure to send out CME Certificates to those learners who earned CMEs for the activity.** | | | |
| **Materials** **should be sent to:** | | | |
| **Mail:**  Elizabeth Ciccarelli  CME Coordinator  Maine Medical Education Trust  PO Box 190  Manchester, ME 04351 | **Fax:**  207-622-3332  Attention: Elizabeth Ciccarelli | | **Email:**  [eciccarelli@mainemed.com](mailto:eciccarelli@mainemed.com) |