# Post-CME Activity Report

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

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| **Title of Activity:** |

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| **Date(s):** |

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| **Contact Person:**  | Name: |

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| Email: |

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| **Attendees:** | Total Number of Learners: |

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| Number of Physicians: |

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| Number of Other Learners: |

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| **Registration Fees**If this activity included a registration fee, please report the following: | Cost of registration: |

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| Total income from registration fees: |

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| **Advertising/Exhibitors**If this activity included advertising and/or exhibiting fees, please report the following: | Total income from advertising and/or exhibitor fees: |

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| **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 CiccarelliCME CoordinatorMaine Medical Education TrustPO Box 190Manchester, ME 04351 | **Fax:**207-622-3332Attention: Elizabeth Ciccarelli | **Email:**eciccarelli@mainemed.com |