# 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) of Activity:** |

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| **Contact Person Name:** |

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| **Email:** |

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| **Attendees:**Please report all learners, not just those claiming CME | 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: | 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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| **Government Grant Monies Received**If this activity received federal, state, or local government grant money, please report the following: | Total amount of government grant money received in support of this activity: |

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| **Private Donations**If this activity received monetary donations from the private sector, including foundations., please report the following: | Total among of private donations received in support of this activity: |

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| **Grant Monies/In-Kind Support from Ineligible Companies** | If this activity was supported by grants either monetary or in kind, from ineligible companies, 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 ALL participants |
| **Physicians Claiming CME Spreadsheet** |
| **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).  |
| **Learner change information** for the activity (e.g., **evaluation summary**) |
| **Please be sure to send out CME Certificates to those learners who earned CMEs for the activity.** |
| **Materials** **should be sent to (email preferred):**  |
| **Mail:**Elizabeth CiccarelliDirector of CMEMaine Medical Education TrustPO Box 190Manchester, ME 04351 | **Fax:**207-622-3332Attention: Elizabeth Ciccarelli | **Email:**eciccarelli@mainemed.com |