# Post-CME Activity Report

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

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| --- | --- | --- | --- | --- |
| **Title of Activity:** | |  | | --- | |  | | | |
| **Date(s) of Activity:** | |  | | --- | |  | | | |
| **Contact Person Name:** | |  | | --- | |  | | | |
| **Email:** | |  | | --- | |  | | | |
| **Attendees:**  Please report all learners, not just those claiming CME | Number of Physicians: | |  | | --- | |  | | |
| Number of Other Learners: | |  | | --- | |  | | |
| **Registration Fees**  If this activity included a registration fee, please report the following: | 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: | |  | | --- | |  | | |
| **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: | |  | | --- | |  | | |
| **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: | |  | | --- | |  | | |
| **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 Ciccarelli  Director of CME  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) |