

# SAPS CME PLANNING GUIDE CHECKLIST

ALL of the items on the below checklist must be completed and submitted to SAPS in order for your organization to receive CME credits and CME certificates of attendance.

Activity Name:

Activity Date:

## I. APPLICATION/PLANNING DOCUMENT

CME APPLICATION / PLANNING DOCUMENT

APPLICATION FEE

## II. PRE-MEETING

PROPOSED AGENDA

LIST OF ALL FACULTY MEMBERS

LIST OF ALL COMMERCIAL SUPPORTERS (To include signed/completed LOA's)

DISCLOSURES

PLANNER DISCLOSURE(S)

INSTRUCTOR DISCLOSURE(S)

CONTENT REVIEWER DISCLOSURE

STAFF/MEDICAL WRITER DISCLOSURE(S)

FACULTY/PLANNER AGREEMENTS

DRAFT OF ALL MEETING MATERIALS (Save the Dates, Brochures, Emails, etc.)

## III. POST-MEETING

SUBMISSION OF TIMED FINAL AGENDA

FINAL MEETING MATERIALS (Save the Dates, Brochures, Emails, etc.)

FINAL ATTENDEE LIST

(To include name, degree and number of credit hours claimed)

SUMMARIZED ATTENDEE EVALUTION FORM

(Must provide ONE report summarizing all attendees evaluations)

SUBMISSION OF FINAL ACTIVITY BUDGET WORKSHEET

SUBMISSION OF 3 MONTH FOLLOW-UP SURVEY RESULTS TO SAPS CME

PAID FINAL BALANCE