SAPS CME
SOUTHERN ALLIANCE FOR PHYSICIAN SPECIALTIES
CONTINUING MEDICAL EDUCATION

PLANNING GUIDE CHECKLIST

ACTIVITY TITLE: **DATE:** **CREDITS:**

APPLICATION/PLANNING DOCUMENTS (required at time of application):

☐ **COMPLETED APPLICATION - must be completed in its entirety. *If guidance is needed refer to the website for information (Supporting documents).***

☐ **APPLICATION/CREDIT FEE**

COMPLETED DISCLOSURES FOR ALL PARTIES

- ☐ **Planning Committee**
- ☐ **Administration Officers**
- ☐ **Speakers /Authors**

PLEASE NOTE: Failure to submit ANY of the above-mentioned documents will delay approval of the application.

PRE-MEETING

- ☐ **PROPOSED AGENDA**
- ☐ **SPEAKER LIST (link: Structured Abstract for Financial Disclosure)**
- ☐ **DRAFT OF ALL MEETING MATERIALS (Save the Date, Brochures, Program, etc.)**
- ☐ **COPY OF SPEAKER PRESENTATIONS (PDF is okay)**

POST MEETING:

- ☐ **SUBMISSION OF TIMED FINAL AGENDA**
- ☐ **FINAL MEETING MATERIALS**
- ☐ **FINAL ATTENDEE LIST**
  must be legible, including name, dob (mm/dd), License #, State, and credits earned
- ☐ **SUMMARIZED ATTENDEE EVALUATION FORM**
  - ***Must provide ONE report summarizing all attendee evaluations***

- ☐ **SUBMISSION OF FINAL ACTIVITY BUDGET WORKSHEET**