**FINAL REPORT CHECKLIST**

**Course Recap**

**TITLE OF COURSE**:

**COURSE DATES:**       **CREDIT HOURS:**

**DEPARTMENT/DIVISION CONDUCTING COURSE:**

**COURSE DIRECTOR:** **COURSE COORDINATOR:**

**Counts:- CME - MD/DO ONLY (*exclude Residents*):       Residents:       Medical Students:**

**ATTENDANCE CERTIFICATES -ALL Other (Nurses, PAs, Techs, Allied Health, etc.):**

**# of Commercial Supporters (Grants):       # of Exhibitors:**

**# Sponsorships       Department Funds: $**

**Income: Registration $      Commercial Support (Grants) $      Exhibit Income $**

**Total Income:$      Total Expenses:$**

**SUBMIT 2 WEEKS POST CONFERENCE**

|  |  |
| --- | --- |
|  | Final Registration Report (include all participants) |
|  | Sign-in Sheets/Attendance record |
|  | Summary of Evaluations by participants |
|  | Final reconciled budget |
|  | Fully executed Letter of Agreement (LOA) from each commercial source (Grants) if commercial support was received |
|  | Attach a copy of check received from each company, if applicable |
|  | Outcomes Evaluation Survey 2 months post conference |

**CME FEES**

|  |  |
| --- | --- |
|  | Journal Entry in Workday for fees due based upon final number of attendees attended |
|  | Check payable to University of Miami, Division of CME for fees due based upon final number of attendees attended |
|  | CME Credit Certificate @ $40 per MD/DO - Certificate of Attendance @$20/person |
|  | Please ensure to submit the final report within 15 days following completion of the course to avoid any late fees |
|  | A late fee of $350 will be applied if final report documentation is not received within 30 days post course |
|  | Complete this final report and return with the required information via email to your assigned CME Manager |

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