**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**

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| --- |
|[ ]  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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