

ISMA CME Program Check List and Due Date

Use the following form in coordination with the ISMA Application for CME Sponsorship.

Program Name: _____

Date: _____

Lead: _____

Area of Responsibility	Staff	Due Date	Completed
1. Application			
2. Program meetings (Planning meeting dates and who is responsible)			
3. Planning Process Program logistics			
Minutes			
Needs Assessment			
Objectives			
Program Description			
Agenda			
Program Brochure			
Program Budget			
Program Evaluation			
Registrations			
Attendance Sheets			
Registration Entrees			
Evaluation Summaries			

4. Faculty Main ISMA Contact			
Disclosure of Financial Relationships			
Speakers and Planning Committee			
Conflict of Interest Resolution			
Conflict of Interest Grid to Audience			
Slide Review			
Speaker Honoraria			
5. Commercial Support Letter of Agreement			
Acknowledge to Providers			