

CME Batch Closeout Form

(for enduring materials offered in various formats)

Instructions: Use this form to report participation at on-demand activities that were provided in various formats, and to have us issue the credit certificates.

Activity Title:	
Batch Completion Dates: (Batch Dates - enter the dates meetings were offered for live courses, or enter the range for enduring materials)	
Activity Medical Director:	Activity Coordinator:

1. Online Pages / Webpages Participation		
How many Online Pages / Webpages learners will receive a CME credit certificate?		
Participation:	Physicians:	Non-Physicians:
How would you like us to issue the certificates of participation?		<input type="checkbox"/> Mailed to each learner <input type="checkbox"/> Email a PDF to the Activity Coordinator
2. Digital Booklet (PDF) Participation		
How many Digital Booklet learners will receive a CME credit certificate?		
Participation:	Physicians:	Non-Physicians:
How would you like us to issue the certificates of participation?		<input type="checkbox"/> Mailed to each learner <input type="checkbox"/> Email a PDF to the Activity Coordinator
3. Required Attachment - A Participation Report showing the first name, last name, degree, hours attended, email address, and mailing address for each learner receiving CME credit.		
4. Summary of the Evaluations – You have agreed to provide at the end of the year a summary report of the evaluation feedback received throughout the year for this enduring material.		

ATTESTATIONS: Please read the following attestations. By signing you agree to abide by the policies and regulations addressed in this form.	
<ul style="list-style-type: none"> I attest that the participation report spreadsheet provided is accurate and commensurate with participation to the best of my knowledge. I attest that all information provided through this closeout form and the supporting documents is accurate and complete. 	
SIGNATURE: Activity Medical Director or Coordinator (typed or signed)	DATE:

Office of CME Use Only		
Certificates - Created by: _____	Delivery Method: <input type="checkbox"/> Mail or <input type="checkbox"/> Email	Date Issued: ____/____/____
Issued via: <input type="checkbox"/> Individually, sent to each Physician or <input type="checkbox"/> All certificates to: _____		
CME Closeout Approval - _____ Victor Carrozza, CME Director	Documentation Completion Date: ____/____/____	
PARS Activity ID: _____		