

DREXEL UNIVERSITY COLLEGE OF MEDICINE
Office of Continuing Medical Education

Data Submission Form

Program Title: _____

Program Date: _____ **Program Code:** _____

This packet contains the following Items for submission to the OCME

- | | <u>Date sent</u> |
|--|-------------------------|
| <input type="checkbox"/> Draft Brochure/flyer for review before printing/distribution | _____ |
| <input type="checkbox"/> Final brochure/flyer for OCME files
(submit 10 copies of brochure/save the date/conference flyer, 1 copy of the RCS flyer) | _____ |
| <input type="checkbox"/> Syllabi/handouts [<i>should include list of speakers' commercial relationships</i>] | _____ |
| <input type="checkbox"/> Engagement Letter to Speaker | _____ |
| <input type="checkbox"/> Signed Declaration and Disclosure Form (for each speaker) | _____ |
| <input type="checkbox"/> Verification and Resolution Form (signed by Program Director) | _____ |
| <input type="checkbox"/> Sign-in-Sheet (names typed with degree type and attendee's signature) | _____ |
| <input type="checkbox"/> Summarized Evaluations | _____ |
| <input type="checkbox"/> Itemization and copies of documentation of all financial transactions. | _____ |
| <input type="checkbox"/> Program Budget Summary
(Submit within 30 days after a conference or end of fiscal year for grand rounds, M&Ms, etc.) | _____ |

AND IF SPONSORED BY PHARMACEUTICAL OR MEDICAL DEVICE COMPANY

- | | |
|---|-------|
| <input type="checkbox"/> Letter of Agreement (for each sponsor) | _____ |
| <input type="checkbox"/> Final list of Commercial Supporters | _____ |

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