



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

Division of Continuing Medical Education

**REGULARLY SCHEDULED SERIES
FINAL REPORT CHECKLIST**

Complete this checklist and return with the required information (within 30 days following completion of the course/program) to:

University of Miami Miller School of Medicine
Division of Continuing Medical Education
1500 N.W. 12 Avenue, Ste. 1026, Locator D23-3
Miami, FL 33136

TITLE OF SERIES (including year):

DATES INCLUDED IN REPORT:

DEPARTMENT/DIVISION CONDUCTING SERIES:

COURSE DIRECTOR:

COURSE COORDINATOR:

Check and attach the following reports/information for this activity:

- Original Bar Code/Sign-in Sheets**
Ensure that sign-in sheets are LEGIBLE for accurate CME recording and include the following:
 - Name of Series
 - Title of activity/session
 - Activity Date and location
 - # of Credits for the session
 - Speaker's name
 - Course Director
 - Contact person (usually the coordinator)
 - Telephone
 - Signature of person signing people in (Attendance Verification line)
- Summary of Evaluations (including free form comments)
- Financial Form indicating source of funding and course director's signature
- If commercial support was received:
 - Copy of check received from each commercial supporter

Signature of individual submitting reports

Date

Phone