

**University of Rochester School of Medicine & Dentistry
Office of Continuing Professional Education**

REGULARLY SCHEDULED SERIES (RSS) QUARTERLY REPORTING REQUIREMENTS

Session documentation needs to be provided at 3 month intervals during the certification period. Each time records are submitted, they should be typed and clearly identified as to the program they represent and the certification period involved. **Credit can only be given to those sessions for which we have this information.**

Record submission intervals:

INTERVAL	RECORDS DUE on last day of:
July through September	October
October through December	January
January through March	April
April through June	July

The following materials should be submitted each quarter:

A) **For every individual session for which credit is to be given:**

1) **Individual Session Cover Page** (must include the information below and **must** be handed out to all participants at every session)

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|-----------------------------------|--|
| - Name of Series | - Accreditation & Certification Statements |
| - Date of Session | - Planning Committee/Speaker Declaration (for EVERY person in a position to control content of the activity – if nothing to declare, state “None”)) |
| - Topic/Title of Presentation | - Commercial Supporting Company(s) (if any; if there was no commercial support received, state “None”) |
| - Speaker Name | |
| - Speaker affiliation/institution | |
| - Learning Objective(s) | |
| - SCS Statement | |

2) **Speaker Declaration Form** , initialed by Activity Director (check CPE website for new form)

3) **Commercial Support Agreement** (if used)

B) **Summary of evaluation(s) performed.** Evaluations must be accomplished **at least twice per year**. Participants must be requested to evaluate the content and presentation of the session in terms of its speaker-specific objective(s). Activity Director (and Planning Committee if applicable) must report on the effectiveness of this activity based on the stated purpose and overall learning objectives for the series. Please send a **SUMMARY** of these evaluations, do **NOT** send the originals.

C) **A sample of handout materials** (from 1 or 2 sessions during the quarter).

D) **Attendance records:** A typed list of the names, addresses, **emails** and birth date (mm/dd format for credit tracking purposes), as well as the accumulated number of hours of attendance for each individual desiring Category 1 credit. Indicate primary practice specialty where possible. Please use enclosed *CME Attendance Record* or a similar format.

E) **Rounds Financial Summary Form:** This form must be filled out and forwarded along with the signed Letters of Agreement for Commercial Support for each company providing an educational grant **at the end of each quarter**. If no speakers were paid and no commercial support was received, please indicate this on the form.

Awarding of CME credit to the individual learner is dependent on the timely receipt of above documentation. **Be sure to check the CPE web site (www.urmc.rochester.edu/cpe) regularly to obtain the most current forms.** Direct questions to Ms. Christin Ortiz in the Office of Continuing Professional Education at 275-4392.