The Attendance Reporting Spreadsheet provided must be used so that attendance and corresponding credits for participants can be converted to a data file, uploaded and correctly recorded in our credit management system: CME Tracker.

To prevent delay in processing, and ensure that participants are properly credited, the format of the spreadsheet must not be changed, and it must be completed as follows:

- Please do not change any formatting. Provide only the information requested – do not add graphics, a header or footer, or add any comments in a cell.

- **Leave the CME ID field blank**, unless otherwise directed. It is for internal use only.

- Please be accurate and consistent with names and email addresses. Supplying a different name and/or email address for a participant will result in a new record being created. Thus, a person’s record and transcript will be incomplete. Also, please enter the full email address; spreadsheets that include ‘global’ cannot be accepted and will be returned.
  - Review the participant name – for example, is it Kathy or Kathleen? Please be accurate.
  - Review the email address – you can look up the email on Outlook to make sure you have the correct email address.

- Please select the participant’s Affiliation from the drop down menu (UR Medical Center, Highland Hospital etc). You will not be able to drag this field down to other rows, but you will be able to copy and paste.

- The Work Phone number must be entered as xxx-xxx-xxxx (ie 585-275-7666).

- Enter the Birth Day as MM/DD (ie 03/08). Please do not change the format; it has to be a numerical field.

- Please select the Primary Degree (ie MD, DO, PA, NP, RN, LCSW) from the drop down menu for each participant so they receive the correct credit type.

**Entering Attendance/Credit for each Session**

- The Session columns are named Date1, Date2.... with Date1 representing the first date of the session. Please overwrite the column names in mm/dd/yyyy (ie 01/06/2019) format.

- Instead of recording attendance and credit with an ‘x’, ‘1’ or any other symbol, please enter the date or copy and paste the session date down the column – or in the row corresponding to each person attending that session. Please do not change the format. It has to be a text field.

- Partial credit and/or Social Work license numbers should be indicated on a different worksheet tab, or email us directly at cmecertification@urmc.rochester.edu.

- **Please do not total up the credit count or make any notes in the spreadsheet.**

**Questions?** Contact us at (585) 275-7666 or cmecertification@urmc.rochester.edu.