

## FINAL REPORT SUMMARY FORM

Documentation Required for an Approved Continuing Medical Education (CME) Activity

<b>Activity Title</b>		
<b>Activity Date(s)</b>		
<b>Activity Location</b>		
<b>Activity Director</b>		
<b>AMA PRA CATEGORY 1 Credits</b> approved by IIE		
Was this activity jointly provided with a non-URMC group?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If <b>Yes</b> , please identify:

### FINANCIAL SUMMARY (information will be reported to the ACCME)

<b>TOTAL INCOME</b>	\$
Attendee Registration Fees	\$
Exhibitor Registration Fees	\$
Educational Grants	\$
<i>List the name and amount of each educational grant and attach LOA's.</i>	
Other Income	\$
<i>Details:</i>	

  

<b>TOTAL EXPENSES</b>	\$
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### ATTENDANCE SUMMARY

Please include all attendees, whether or not they received *AMA PRA Category 1 credit*.

Physicians	
PAs/NPs	
RNs/LPNs	
Others	
Exhibitor Representatives	
Speakers	
<b>Grand Total Attendance</b>	

### ADDITIONAL REQUIRED DOCUMENTS

- ☐ Attendance excel spreadsheet/roster
- ☐ Summary of Course Evaluations