

## CME Activity Review Form

|  |                              |                            |  |
|--|------------------------------|----------------------------|--|
| Provider Name:   |                              |                            |  |
| Provider Number:                                       |                              | Date of Review             |  |
| Title of Activity:                                     |                              |                            |  |
| Date of Activity:                                      |                              |                            |  |
| Reviewer:  |                              |                            |  |
| This activity is:                                      | Directly Provided            | <input type="checkbox"/>   | Or Jointly Provided <input type="checkbox"/> |
| Provider received commercial support for this activity | <input type="checkbox"/> Yes |                            | <input type="checkbox"/> No                  |
| Format of activity:                                    |                              |                            |  |
| Course   | <input type="checkbox"/>     | Regularly Scheduled Series | <input type="checkbox"/>                     |
| Internet Live Course                                   | <input type="checkbox"/>     | Enduring Material          | <input type="checkbox"/>                     |
| Internet Activity Enduring Material                    | <input type="checkbox"/>     | Journal-based CME          | <input type="checkbox"/>                     |
| Manuscript Review                                      | <input type="checkbox"/>     | Test Item Writing          | <input type="checkbox"/>                     |
| Committee Learning                                     | <input type="checkbox"/>     | Performance Improvement    | <input type="checkbox"/>                     |
| Internet Searching and Learning                        | <input type="checkbox"/>     | Learning from Teaching     | <input type="checkbox"/>                     |

|          | <b>Standards for Commercial Support: Standards to Ensure Independence</b>   | Yes                      | No                       | Not Applicable           | Unable to assess         |
|----------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1</b> | Did the provider retain ultimate responsibility and control for the design and production of the activity? (SCS 1.1)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2</b> | Were the educational materials (slides, abstracts, handouts) free of advertising, trade names, and group messages? (SCS 4.3)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3</b> | If observing a live activity, did the educational event take precedence over any commercially supported social event or meal? (SCS 3.11)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4</b> | If observing a live activity, were representatives of commercial interests prohibited from engaging in sales or promotional activities while in the space or place of the activity? (SCS 4.2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5</b> | Were advertisements or promotional materials kept separate from the educational space/content, before, during and after the activity? (SCS 4.2)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6</b> | Did the content of the educational activity promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest? (SCS 5.1)                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7</b> | Did the presentation give a balanced view of therapeutic options, including the use of generic names? (SCS 5.2)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          | If you answered 'no' to any of the above questions, please describe what you observed here:   |                          |                          |                          |                          |