



Office of Extended Professional Education

How to Advertise your Approved CME/CE Event

All web sites/drafts must be approved by OEPE prior to launching/printing.

SAVE THE DATE –Only (any format electronic or print) Requirements

What to insert (if applicable).

☐ **Sponsorship Statement**

Note: there is no heading for this statement.

Choose **one** of the statements below, depending on activity sponsorship.

If Directly Sponsored: Must use the Morehouse Medicine logo and include the statement “Sponsored by the Morehouse School of Medicine”



If Jointly [Co-] Sponsored (and 1 logo): Must use the Morehouse School of Medicine logo and include the statement “Jointly[Co-] sponsored by the Morehouse School of Medicine and [name of other company]”



If Jointly[Co-] Sponsored (and 2 logos): Jointly[Co-] sponsored by: Insert Morehouse School of Medicine logo and company logo

Note: Morehouse School of Medicine must come first

☐ **AMA Credit Statement for announcements, such as “save the date”.**

Note: Do not alter this statement – It must appear EXACTLY as it is printed here. Only include statement if approved.

AMA PRA Category 1 Credit(s)TM must be italicized per AMA requirements.

This activity has been approved for *AMA PRA Category 1 credit.TM*



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Brochures, Flyers and Websites *Requirements*

What to Insert (if applicable).

☐ **Activity Title**

☐ **Activity Date, Time, and Location**

Note: if the activity is for several dates (i.e., January 15-18, 2013), the time does not need to be listed.

☐ **Sponsorship Statement**

Note: there is no heading for this statement.

Choose **one** of the statements below, depending on what the activity sponsorship is (contact MSM-OEPE if you are unsure of sponsorship type).

- **If Directly Sponsored:** Must use the MSM logo and include the statement "Sponsored by the Morehouse School of Medicine"



- **If Jointly[Co-] Sponsored (and 1 logo):** Must use the MSM logo and include the statement "Jointly[Co-] sponsored by the Morehouse School of Medicine and [name of other company]"



- **If Jointly[Co-] Sponsored (and 2 logos):** Jointly[Co-] sponsored by:

Insert MSM logo and company logo



Note: Morehouse School of Medicine must come first



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☐ **Commercial Support Statement** (if applicable)

Note: commercial supporters cannot be listed until there is a fully executed grant letter of agreement signed by MSM OEPE and the company.

Commercial Support Acknowledgment: This CME activity is supported by educational grants from _____.

Note: in-kind support must also be acknowledged and include the name of the company and the name of the product(s) donated

EXAMPLE - Note: in-kind support must also be acknowledged and include the name of the company and the name of the product(s) donated (i.e., Nexgen provided a t3000 ultrasound system and a clinical application specialist)

If grants are not fully executed at time of posting, but grants are expected for the meeting and you want to make this known:

Commercial Support Acknowledgment: This CME activity is supported by educational grants. A complete list of supporters will be published in the course syllabus.



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Brochures, Websites and Course Syllabi

Requirements

What to Insert (if applicable).

☐ Target Audience

Who should attend this activity?

☐ Learning Objectives

Learning Objectives

At the conclusion of this activity, participants should be able to:

☐ Faculty Disclosure / Resolution of Conflicts of Interest

Disclosure

The Morehouse School of Medicine adheres to ACCME Essential Areas, Standards, and Policies regarding industry support of continuing medical education. Disclosure of the planning committee and faculty's commercial relationships will be made known at the activity. Speakers are required to openly disclose any limitations of data and/or any discussion of any off-label, experimental, or investigational uses of drugs or devices in their presentations.

Resolution of Conflicts of Interest

In accordance with the ACCME Standards for Commercial Support of CME, the Morehouse School of Medicine has implemented mechanisms, prior to the planning and implementation of this CME activity, to identify and resolve conflicts of interest for all individuals in a position to control content of this CME activity.

☐ Disclaimer

Disclaimer

The information provided at this CME activity is for continuing education purposes only and is not meant to substitute for the independent medical judgment of a healthcare provider relative to diagnostic and treatment options of a specific patient's medical condition.

☐ Contact Information for Registration

Include name and phone number Nakisha Harris 404-756-8908

☐ Accreditation Statement

Choose one of the statements on the right, depending on what the activity sponsorship is (contact MSM OEPE if you are unsure of sponsorship type).

Note: if MSM-OEPE is partnering with 1 co-sponsor and 1 joint sponsor, the joint sponsorship statement must be used.

If directly or co-sponsored:

Accreditation

The Morehouse School of Medicine is accredited by the Accreditation Council for Continuing Medical Education



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(ACCME) to provide continuing medical education for physicians.

If jointly sponsored (or partnership with a joint and co-sponsor):

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Morehouse School of Medicine and [insert name of joint/co-sponsor(s)]. The Morehouse School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

☐ AMA Credit Statement

AMA PRA Category 1 Credit(s)TM must be italicized per AMA requirements.

Credit Designation

The Morehouse School of Medicine designates this [learning format] for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)TM*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

(Choose 1 of these learning formats: Live activity, enduring material, journal-based CME activity, test-item writing activity, manuscript review activity, PI CME activity, Internet point-of-care activity)

If AAFP Credit has been applied for/approved, the following element is recommended.

☐ AAFP Credit Statement – Credit Pending

CME credit application must be received by AAFP for review prior to listing statement.

AAFP Credit

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

☐ AAFP Credit Statement – Credit Approved

Written approval of CME Credit must be received from AAFP before listing statement.

AAFP Credit

This activity has been reviewed and is acceptable for up to XX (Prescribed or Elective) credit(s) by the American Academy of Family Physicians.



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Optional Elements

What to Insert (if applicable).

☐ Presentation Statement

The Morehouse School of Medicine Department/Division of _____ presents...

☐ Activity Agenda/Schedule

Include title & time of each presentation, Speaker names, and Q&A

Allotted time for Q&A is required and can be listed separately after each presentation OR as a blanket statement at the end of the agenda [i.e., Opportunities for Q&A will be provided at the conclusion of each presentation].

☐ Faculty Listing

Note: Course Director should be listed first and denoted.

List full name, degree, and organizational affiliation for all faculty (speakers, panel members, authors, etc).

☐ Cancellation Policy

A written notice of cancellation must be received ____ days prior to the start of this activity. A \$____ cancellation fee will be assessed at that time; after that date, cancellation requests cannot be honored.

☐ Registration form

Required:

- Activity Name and Date(s)
- Registration Fee (if applicable)
- Cancellation Fee (if applicable)
- Contact Information for registration
- Registrant Information, including:
 - Full Name
 - Degree(s)
 - Specialty
 - Work Address
 - Work Telephone, Fax, E-mail
- Check box to "opt in" to CME mailing list



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Your registration fee covers:

(e.g.: tuition, continental breakfasts, lunches, dinners, syllabus, etc.)

Optional:

- Prefix (Dr., Mr. Ms., Mrs.)
- Payment Methods (check/credit card)
- Registration Deadlines
- Return Address

☐ Special Needs Statement

The [MSM Department or Joint/Co-sponsor name] is committed to making its activities accessible to all individuals. If you are in need of an accommodation, please do not hesitate to call and/or submit a description of your needs in writing in order to receive service.

☐ Location/Directions/Lodging

An address or contact information alone may be appropriate.



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