



Office of Extended Professional Education

Required Elements for Syllabi of Certified CME Activities

Final draft must be approved by MSM OEPE prior to printing.

Required Elements

☐ **Presentation Statement**

The MSM Department _____ presents...

☐ **Activity Title**

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

Note: if the activity is for several dates (i.e., June 12 – 16, 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: MSM must come first if MSM is the certifying co-sponsor.

☐ **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 an educational grant(s) from _____.

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

☐ **Statement of Need**

State the rationale for the activity, i.e., why is the activity being held?



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☐ **Target Audience**

Who should attend this activity?

☐ **Learning Objectives**

Learning Objectives

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

☐ **Faculty Listing**

Note: Activity Course Director should be listed first and denoted as such.

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



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Required Elements

☐ **Summary of Faculty Disclosure/Conflict Resolution**

Note: Insert information from the disclosure report(s) downloaded from the MSMCME website and/or MSMCME coordinator.

Disclosure information for all planning committee members, speakers, authors, moderators, etc (anyone involved in the content) must be listed.

Staff and Content Validation Reviewer Disclosure

The staff involved with this activity and any content validation reviewers of this activity have reported no relevant financial relationships with commercial interests.

Resolution of Conflicts of Interest

In accordance with the ACCME Standards for Commercial Support of CME, the Morehouse School of Medicine 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.

Planning Committee/Faculty Disclosure

The following speakers and/or planning committee members have indicated they have no relationship(s) with industry to disclose relative to the content of this CME activity:

- Jane Doe, MD
- Richard Doe, MD

The following speakers and/or planning committee members have indicated that they have relationship(s) with industry to disclose:

- John Doe, MD is a member of the speakers' bureau of Pfizer and receives research grant from GSKB.

☐ **Unapproved Use Disclosure Statement**

Please select 1 statement below – statement A is when no off-label uses will be discussed; statement B is when off-label uses will be discussed by faculty.

Please check with your activity medical director if you are unsure which statement to use.

Statement A:

Unapproved Use Disclosure

Morehouse School of Medicine requires CME faculty (speakers) to disclose to attendees when products or procedures being discussed are off-label, unlabeled, experimental, and/or investigational (not FDA approved); and any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion. This information is intended solely for continuing medical education and is not intended to promote off-label use of these medications. If you have questions, contact the medical affairs department of the manufacturer for the most recent prescribing information. Faculty will not be discussing information about pharmaceutical agents that is outside of U.S. Food and Drug Administration approved labeling.

-OR-

Statement B:

Unapproved Use Disclosure

Morehouse School of Medicine requires CME faculty (speakers) to disclose to attendees when products or procedures being discussed are off-label, unlabeled, experimental, and/or investigational (not FDA approved); and any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion. This information is intended solely for continuing medical education and is not intended to promote off-label use of these medications. If you have questions, contact the medical affairs department of the manufacturer for the most recent prescribing information. Faculty will be discussing information about pharmaceutical agents that is outside of U.S. Food and Drug Administration approved labeling. The following off-label uses are discussed:



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☐ **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.

☐ **Activity Agenda/Schedule**

- Title and times of presentation
- Speaker(s)
- 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*].

☐ **Instructions on How to Receive Credit**

Example:

In order to receive CME credit, participants must sign-in, review the CME information (accreditation, learning objectives, faculty disclosures, etc.) and attend the CME activity. Participants should also complete the activity evaluation form and return it to the appropriate representative following the CME activity.

If approved for AMA PRA Category 1 CME Credit, the following elements are required:

☐ **Accreditation Statement**

Choose **one** of the statements below, 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 (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**

Note: AMA requires that AMA PRA Category 1 Credit(s)[™] be italicized in order to distinguish that the entire phrase is trademarked.

Credit Designation

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



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

☐ **AAFP Credit Statement – Credit Pending**

This statement may only be used after a CME credit application has been received by AAFP for review.

AAFP Credit

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

The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

☐ **AAFP Credit Statement – Credit Approved**

This statement may only be used after written approval of CME Credit has been received from AAFP.

AAFP Credit

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

The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.