

DREXEL UNIVERSITY COLLEGE OF MEDICINE
Office of Continuing Medical Education

Data Submission Form

Program Title: _____

Program Date: _____ **Program Code:** _____

This packet contains the following Items for submission to the OCME

	<u>Date sent</u>
Draft Brochure/flyer for review before printing/distribution	_____
Final brochure/flyer for OCME files (submit 10 copies of brochure/save the date/conference flyer, 1 copy of the RSS flyer)	_____
Syllabi/handouts (<i>should include list of speakers' commercial relationships</i>)	_____
Engagement Letter to Speaker	_____
Signed Disclosure of Relationships and Declaration and Form (for each speaker)	_____
Verification and Resolution Form (signed by Activity Director)	_____
Sign-in-Sheet (names typed with degree type and attendee's signature)	_____
Summarized Evaluations	_____
Itemization and copies of documentation of all financial transactions.	_____
Program Budget Summary (Submit within 30 days after a conference or end of fiscal year for grand rounds, M&Ms, etc.)	_____

AND IF SPONSORED BY PHARMACEUTICAL OR MEDICAL DEVICE COMPANY

Letter of Agreement or Exhibitor Contract (for each sponsor)	_____
Final list of Commercial Supporters	_____

Office of Continuing Medical Education
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