

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

Date sent

Final brochure/flyer for OCME files *(every session)* _____

Mitigation forms *(every session if applicable)* _____

Syllabi/handouts *(should include list of speakers', planners' relevant relationships - each session)* _____

Engagement Letter to Speaker *(each presenter/planner/moderator et al)* _____

Disclosure of Relationships and Declaration and Form *(for each person in control of content)* _____

Verification and Resolution Form *(signed by Activity Director - each session)* _____

Sign-in-Sheet (names typed with degree type and attendee's signature) _____

Summarized Evaluations *(year end)* _____

Content Validation forms *(every presentation for each session)* _____

Program Budget Summary - Itemization of all financial transactions _____
(Submit within 30 days after a conference or end of fiscal year for regularly scheduled series)

AND IF SPONSORED BY PHARMACEUTICAL OR MEDICAL DEVICE COMPANY

Letter of Agreement or Exhibitor Contract (for each sponsor) _____

Final list of Commercial Supporters _____

Drexel University College of Medicine
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