

**COURSE CODE:**

**INSTRUCTIONS:** Before forwarding the material for review, verify that the following information appears on the material, the material has been proofread and copy-edited, and then initial and date on page 4. Attach this checklist to the document to be reviewed.

**COVER/FIRST PAGE**

- Activity Title
- CE-Certified Type of Activity**
- Activity Date/Time (LIVE)
- Release and Expiration Dates (ENDURING)
- Activity Location (LIVE: Venue; WEB: Web Address)
- Providership Statement
  - DIRECTLY PROVIDED: **Provided by RBHS School, Department**
  - JOINTLY PROVIDED: **Jointly Provided by RBHS School, Rutgers Biomedical and Health Sciences and Joint Provider**

*A Jointly Provided Activity is one in which RBHS works with an institution or organization that is not jointly accredited in the planning and implementation of a CE activity.*

- Collaboration Statement (if applicable)
  - This activity was developed in collaboration with Partner(s).**
    - *There may be instances when activities are developed in collaboration with a partner(s) who is not considered to be a joint provider. For example, RBHS may partner with multiple state agencies in the development of an activity. In these instances, these institutions/organizations/agencies should be named as collaborative partners.*

- Appropriate Rutgers Logo and Joint Provider/Educational Partner Logo, if applicable
  - *Multiple Rutgers logos are not permitted.*

- Grantor Acknowledgement
  - This activity is supported in part by an educational grant(s) from Grantor(s).**
    - *If registration fees are being charged, or the grant is not covering the cost of an activity, include “in part” in the acknowledgement statement.*
    - *This acknowledgement is made only once in any piece, and should be done so on the cover or first page if no cover is used.*
    - *Logos of a commercial interest on any CE materials or websites are not permitted.*

**INSIDE/CONSECUTIVE PAGES**

- Statement of Need/Program Description/Overall Goal
  - *Description of educational need. Description of activity and overall goal. Why would the target audience want to participate in this activity? How will it impact clinical practice?*

Target Audience

**This activity is designed for Target Audience.**

- The target audience should be based on the groups of individuals for whom a need was identified.
- List any prerequisites.

Objectives

**Upon completion of this activity, participants should be better able to: List Objectives**

- Objectives must be measurable and be written in terms of expected results.

Faculty w/degree, title and affiliation

- Activity Director
- Planning Committee
- Faculty

Disclosure Declarations

**All individuals who affect the content of continuing education activities are required to disclose to the audience any real or apparent conflict of interest related to the activity. The activity faculty are further required to disclose discussion of off-label/investigational uses in their presentations. These disclosures will be made to the audience at the time of the activity.**

Detailed Agenda (LIVE)

Accreditation and Credit Designation Statement(s)

- The accreditation and credit statements must be in separate paragraphs.

### **ACCREDITATION**

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INTERPROFESSIONAL CONTINUING EDUCATION

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PROVIDED:

- The Joint Accreditation logo should appear in conjunction with the accreditation statement, if space permits

## CREDIT DESIGNATION

### CME

Rutgers Biomedical and Health Sciences designates this **live activity, enduring material, or PI CME activity** for a maximum of **X AMA PRA Category I Credit(s)**<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### CPE

This **knowledge-based, application-based, or practice-based** activity (UAN 0374-**XXX-XX-XXX-X**) qualifies for **X** contact hours (**X CEUs**) of continuing pharmacy education credit.

### CNE

This activity is awarded **X** contact hours. (60 minute CH)

- *In general, partial credit will not be awarded to nurse learners. If an activity is multi-hour or multi-day, and it is appropriate to offer partial credit, the following statement must appear after the CNE credit statement:*

**Nurses should only claim those contact hours actually spent participating in the activity.**

Method of Participation

- *A full description of all requirements established by the provider for successful completion of the activity and subsequent awarding of credit (e.g., passing a post-test at a specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.) Must include statement of when and how certificate will be awarded.*
- *If CPE credit is being awarded, the following must appear:*  
**Pharmacists: Your NABP e-Profile ID and date of birth will be collected at the conclusion of the program. CPE credit will be processed after the program evaluation has closed to participants, which will be three to four weeks following the activity date.**

Meeting Facilities, if applicable: location, address, phone number, web address, parking info, etc.

Hotel and Travel Information, if applicable: hotel rates and airfares, cut-off dates, etc

Registration Information, if applicable

Fee and what the fee includes

*If activity is free, this must be noted.*

Registration process (mail, fax, phone, e-mail, Internet)

Refund Policy

Confirmation Information

Guest Statement (LIVE and if grant funded)

**This activity is free of charge to participants. Additionally, per regulatory guidelines, the educational grant used to support this activity may only be used for medical professionals attending the activity. Participation by nonhealthcare**

**providers and/or guests is not permitted.**

Registration Form

Participant Contact Information

First Name, M.I., Last Name, Degree

Daytime Phone, Evening Phone, Fax, Email

Preferred Mailing Address (Home, Business), Address, City, State, Zip

Affiliation, Specialty, Profession

Registration Fee

Method of Payment

Activity Code

Grievances (ALL) and ADA Statement (LIVE)

**For additional program information, questions, or concerns, or if you require special arrangements to attend this activity, please contact **RBHS Center for Continuing & Outreach Education** at phone number or by email at email address or **Joint Provider** at phone number or by email at email.**

Cancellation Disclaimer (LIVE)

**RBHS and Joint Provider reserves the right to modify the activity content, faculty and activities, and reserves the right to cancel this activity, if necessary.**

**NOTE:**

(1)The **accreditation statements** should not be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included. Save-the-date type announcements are only appropriate to remind a potential audience of dates for an upcoming meeting that is usually held on a regular basis, such as an organization or department’s annual meeting.

(2)“Rutgers Biomedical and Health Sciences” must not be abbreviated to “RBHS” in the providership, accreditation, and credit designation. In all other instances, use the full name on first reference and include the acronym in parentheses after it.

PM:	Date Reviewed:	
Reviewer:	Date Reviewed:	<input type="checkbox"/> Approved
		<input type="checkbox"/> Returned with noted changes