**UB Continuing Medical Education**

**Year End Questionnaire and Documentation**

**Series Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Series Course Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Both the series title and course code are listed on the sign-in-sheet provided to you by the CME office)

**The CME Office monitors and reviews all paperwork as it comes into our office.**

**The questions below help us keep your activity in compliance with the ACCME policies and requirements.**

1. **Program Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(don’t forget to submit a disclosure and commitment to valid content for your Program Director)**

1. **Program Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please list the members of your Department’s CME Committee (provide a Disclosure and Commitment to Valid Content in CME form for each of them)**

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1. **Did receive commercial support during the past year? (July 1st-June 30th)**

**Yes No**

**If you answered yes, you MUST provide a copy of the fully executed letter of agreement(s) (LOA) you received from commercial supporters throughout the year.**