



**CHECK LIST FOR**  
 Application for Continuing Medical Education (CME) Credit  
 and AMDA Certified Medical Director (CMD) Credit

Please complete the following checklist using the tab key or mouse to move between fields. Type an "X" in the box corresponding to your choice, or type in your response as directed. Text boxes will expand to accommodate text entered.

	Status Attached if checked	Missing Items
<b>I. PLANNING COMMITTEE</b>	Pick Status	
a. Program Director Name and contact information	<input type="checkbox"/>	
b. CV	<input type="checkbox"/>	
c. AMDA Ed. Comm. Member	<input type="checkbox"/>	
d. Planning Committee list (w/affiliations and contact information)	<input type="checkbox"/>	
e. Planning Committee bios and disclosures	<input type="checkbox"/>	
f. Planning Committee minutes	<input type="checkbox"/>	
g. Planning Committee correspondence	<input type="checkbox"/>	
<b>II. Needs Assessment</b>	Pick Status	
a. Copy of Assessment materials	<input type="checkbox"/>	
<b>III. Learning Objectives</b>	Pick Status	
a. Learning Objectives for individual sessions	<input type="checkbox"/>	
b. Sample of written communications between course director and speaker	<input type="checkbox"/>	
<b>IV. Program Design and Content/ Promotional Materials</b>	Pick Status	
a. Draft brochure	<input type="checkbox"/>	
b. Faculty list and CVs (w/credentials including CMD designation)	<input type="checkbox"/>	
c. Sessions list w/Faculty designated	<input type="checkbox"/>	
d. Overall and individual objectives present	<input type="checkbox"/>	
e. Materials include AMDA approved Accreditation and Credit Statements.	<input type="checkbox"/>	



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<b>f. Sample certificate with AMDA approved credit statement</b>	<input type="checkbox"/>	
<b>g. Promotional Materials:</b>	Pick Status	
<b>h. AMDA Joint Sponsorship acknowledgement present</b>	<input type="checkbox"/>	
<b>i. Overall objective present</b>	<input type="checkbox"/>	
<b>j. Target Audience specified</b>	<input type="checkbox"/>	
<b>k. Name and Affiliation present</b>	<input type="checkbox"/>	
<b>l. Schedule of events present</b>	<input type="checkbox"/>	
<b>m. AMDA approved Accreditation/Credit statements present</b>	<input type="checkbox"/>	
<b>n. Activity Fees present</b>	<input type="checkbox"/>	
<b>o. Statement of Commercial Support present</b>	<input type="checkbox"/>	
<b>V. Commercial Support</b>	Pick Status	
<b>a. LOAs from all sources of Commercial Support</b>	<input type="checkbox"/>	
<b>b. Faculty Disclosures</b>	<input type="checkbox"/>	
<b>c. Documentation of resolution of COIs</b>	<input type="checkbox"/>	
<b>d. Copies of COI Resolution documentation</b>	<input type="checkbox"/>	
<b>VI. Evaluation</b>	Pick Status	
<b>a. Sample Evaluation Instrument</b>	<input type="checkbox"/>	
<b>VII. Administration</b>	Pick Status	
<b>a. Proposed budget including sources of expected revenue and expenses</b>	<input type="checkbox"/>	
<b>b. List of administrative staff and contact information present</b>	<input type="checkbox"/>	
<b>VIII. Misc.</b>	Pick Status	
<b>a. ACCME Standards Checklist completed</b>	<input type="checkbox"/>	
<b>b. Complete and signed application</b>	<input type="checkbox"/>	



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<b>c. Application fee included</b>	<input type="checkbox"/>	