**Final Report Course Report**

|  |  |
| --- | --- |
| Activity Title: |  |
| Activity Date(s): |  |
| Activity Location: |  |
| Activity Director: |  |

Please send the following materials to cmeraom@gmail.com **AFTER** completion of a learning activity:

**[ ]  Attendance Form**

 (Please submit RAoM attendance form)

[ ]  **Evaluation Summary**

 Collect evaluations from ALL learners to obtain CME credit. Go to the “Responses” tab of the CME Evaluation and click on “Summary” to obtain a summary of all evaluations. Click on the 3 dots in the upper right-hand corner and click on “Print.” Right click on the webpage and click “Print” (again). Change Destination to “Save as PDF.” Submit the PDF of the CME Evaluation Summary to cmeraom@gmail.com.

**[ ]  Activity Director Evaluation Analysis**

Use the data collected in the CME Evaluation Summary to analyze changes achieved in learners’ competence, performance, and/or patient outcomes. Please write a paragraph based on your analysis about whether or not change was achieved to meet the expected outcomes.

Ex. Did the learners see a change in being able to meet the learning objectives? Do the learners project that there will be an impact on performance or patient outcomes as a result of participating in the activity?

**[ ]  Financial Summary**

**INCOME**

| Source  | Income  | Special Notes  |
| --- | --- | --- |
| Registration Fees |  |  |
| Commercial SupportFinancial support that is used to pay all or parts of the costs of a CME activity. |  |  |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
| Exhibitor FeesHow is advertising and exhibit income different from commercial support? Advertising and exhibits are opportunities for promotion (like advertising space, exhibit booths, etc.) and not continuing medical education. |  |  |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
| Private Sector Grants(foundations, industry etc.) |  |  |
| 1) |  |  |
| 2) |  |  |
| Government Grants (federal, state, local agencies) |  |  |
| 1) |  |  |
| 2) |  |  |
| Other (please describe) |  |  |
| Total Income |  |  |

|  |  |  |
| --- | --- | --- |
| **In-Kind Donations** |  |  |
| 1) |  |  |
| 2) |  |  |

**EXPENSE**

| Source | Expense  | Special Notes  |
| --- | --- | --- |
| Advertising / Promotions |  |  |
| Speakers Honoraria  |  |  |
| Speakers Travel & Expenses  |  |  |
| Syllabus Materials  |  |  |
| CME Fees |  |  |
| Catering /Food/ Beverage |  |  |
| Audio Visual Equipment Rental |  |  |
| Venue Rental |  |  |
| Other (please describe) |  |  |
| Total Expense |  |  |