

**This checklist is used by the CME Advisory Committee to determine if an activity meets the criteria for continuing medical education.**

*American Association for Clinical Chemistry, Inc.*

**REVIEWER CHECKLIST FOR CME ACTIVITY APPLICATION**

**Program Name:**

**Program Date(s):**

**Program Location:**

*Note to reviewer:* Please rate the application using the rating scale shown below. Assign a rating for each item listed under the three Essential headings. Then, choose the statement that matches your recommendation for the activity for which the application was submitted.

**Rating scale**

A = Acceptable

C = Conditional

U = Unacceptable

**Rating Selections**

A C U

A C U

A C U

A C U

**Essential 1: Purpose and Mission**

Level of content is indicated.

Target audience selections are indicated.

(1.1) Description of activity purpose demonstrates appropriateness for continuing medical education for physicians.

(1.2) Activity purpose supports AACC's CME mission to "enable physicians to improve their clinical practice" as a result of the activity.

A C U

A C U

A C U

A C U

A C U

A C U

A C U

A C U

A C U

A C U

A C U

A C U

A C U

**Essential 2: Educational Planning and Evaluation**

(2.1A) Planning group members are identified and appear to have experience and training consistent with the program content.

(2.1B) Planning group's responsibilities and goals are described.

(2.1C) Competency areas expected to be impacted are indicated.

(2.2A) The educational need to be addressed is clearly stated.

(2.2B/C) Use of tools to determine the educational needs of the target audience is indicated and examples of the tools are provided.

(2.3A) Learning objectives are stated in terms of expected learning outcomes, *using action verbs* to describe these outcomes.

(2.3B) Methods of how the audience will be informed of the learning objectives prior to the activity are indicated.

(2.3C) Educational format is indicated.

(2.3D) Types of instructional methods to be used are indicated.

(2.3E) Explanation of how the educational format and instructional methods will help achieve the learning objectives is provided.

(2.3F) Methods of how the faculty will be informed of the target audience demographics and the learning objectives are indicated.

(2.3G) Activity brochure or schedule is provided.

(2.4) Planning group agrees to evaluate the activity.

**Essential 3: Activity Administration**

- |                            |                            |                            |  |
|----------------------------|----------------------------|----------------------------|--|
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> U | (3.1A) Sources and amounts of revenues are disclosed.  |
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> U | (3.1B) Methods of publicizing the activity are indicated.  |
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> U | (3.2A) Planning group agrees to use ACCME-required verbiage regarding AMA PRA credit in the promotional materials.                         |
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> U | (3.2B) Planning group agrees to record attendance using AACC roster.   |
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> U | (3.3A) Commercial support letters of agreement are provided.   |
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> U | (3.3B) Documentation of receipt of commercial support is provided.   |
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> U | (3.3C) All individuals in a position to control the contents of the activity are listed and a disclosure form is provided for each person. |
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> U | (3.3D) If applicable, explanations are provided on how the identified conflicts of interests have been resolved.                           |
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> U | (3.3E) Sample(s) are provided of how faculty have been informed of requirements for content validation and prevention of commercial bias.  |

**I have reviewed this application and recommend:**

( ) approval for XX AMA PRA Category 1 Credits<sup>TM</sup>

( ) conditional approval for XX AMA PRA Category 1 Credits<sup>TM</sup>, pending submission of \_\_\_\_\_.

( ) denial for XX AMA PRA Category 1 Credits<sup>TM</sup> (state reasons)\_\_\_\_\_.

**Additional Comments:**

**Reviewer's Printed Name:**

**Reviewer's Signature:**