

# Continuing Education Activity Final Report

Updated 3/22/16

Conference: \_\_\_\_\_

Conference Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Attendance Information

*Physicians:* Internal (WVU) Physicians: \_\_\_\_\_ *Nurses:* Internal (WVU) Nurses: \_\_\_\_\_  
External Physicians: \_\_\_\_\_ External Nurses: \_\_\_\_\_  
**Total Physicians:** \_\_\_\_\_ **Total Nurses:** \_\_\_\_\_

*Dentists:* Internal (WVU) Dentists: \_\_\_\_\_ Physician Assistants: \_\_\_\_\_  
External Dentists: \_\_\_\_\_ Dental Hygienists: \_\_\_\_\_  
**Total Dentists:** \_\_\_\_\_ Others: \_\_\_\_\_

**Total Attendance:** \_\_\_\_\_

- **Please attach Completed Credit Records** – Please review Credit Records for legibility and print clarifications directly on the credit records or attach a typed participant listing for clarification.

## Publicity Information

Describe initial Mailing/Posting (i.e., letter, postcard, etc.): \_\_\_\_\_

The mailing was distributed to: \_\_\_\_\_

*\* 3 copies of initial mailing/posting must be submitted.*

Describe final Mailing/Posting (i.e., brochure, flyer): \_\_\_\_\_

The mailing was distributed to: \_\_\_\_\_

*\* 3 copies of final mailing/posting must be submitted.*

Describe any other publicity: \_\_\_\_\_

*\* 3 copies of any additional mailing/posting must be submitted.*

## Evaluation

Number of evaluations returned \_\_\_\_\_ Response rate (% returning) \_\_\_\_\_ %

Please note any changes you plan for your next activity as a result of the evaluations or attendee comments:

\_\_\_\_\_  
\_\_\_\_\_

Please note any topics you plan to include in your next activity as a result of the evaluations or verbal comments:

\_\_\_\_\_  
\_\_\_\_\_

- **Please attach either a complete evaluation summary or copies of the original evaluations.**

**NOTE:** Please see reverse for financial information or attach your own budget. If attaching your own budget, please be sure that, at a minimum, it lists all of the items shown on the back of this page.

**Budget/Financial Information**

**Income**

Registration \$ \_\_\_\_\_  
 Exhibit \$ \_\_\_\_\_  
 Other Commercial Funding \$ \_\_\_\_\_  
 Grants/Endowments \$ \_\_\_\_\_  
 Departmental Contribution \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_ Describe: \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

List all sources of income (except registration & Departmental) by source & amount: *(Attach additional paperwork if necessary.)*

<u>Source</u>	<u>Amount</u>	<u>Type/Source – Choose all that apply</u>		
_____	\$ _____	<input type="checkbox"/> Grant from For-Profit Company	<input type="checkbox"/> Grant from Not-for-Profit	<input type="checkbox"/> Exhibit
		<input type="checkbox"/> Endowment	<input type="checkbox"/> In-kind: Describe: _____	
_____	\$ _____	<input type="checkbox"/> Grant from For-Profit Company	<input type="checkbox"/> Grant from Not-for-Profit	<input type="checkbox"/> Exhibit
		<input type="checkbox"/> Endowment	<input type="checkbox"/> In-kind: Describe: _____	
_____	\$ _____	<input type="checkbox"/> Grant from For-Profit Company	<input type="checkbox"/> Grant from Not-for-Profit	<input type="checkbox"/> Exhibit
		<input type="checkbox"/> Endowment	<input type="checkbox"/> In-kind: Describe: _____	
_____	\$ _____	<input type="checkbox"/> Grant from For-Profit Company	<input type="checkbox"/> Grant from Not-for-Profit	<input type="checkbox"/> Exhibit
		<input type="checkbox"/> Endowment	<input type="checkbox"/> In-kind: Describe: _____	
_____	\$ _____	<input type="checkbox"/> Grant from For-Profit Company	<input type="checkbox"/> Grant from Not-for-Profit	<input type="checkbox"/> Exhibit
		<input type="checkbox"/> Endowment	<input type="checkbox"/> In-kind: Describe: _____	

- **Please attach all signed Letters of Agreement for Grants or other Commercial Support.** Commercial Support agreements are not necessary for Exhibits, Endowments, or Government/Not-for-Profit Grants. Commercial Support Agreements **ARE** necessary for Grants from For-Profit Companies and in-kind support.

**Expenses**

Publicity \$ \_\_\_\_\_  
 Hospitality \$ \_\_\_\_\_  
 Speaker Travel \$ \_\_\_\_\_  
 Speaker Honoraria \$ \_\_\_\_\_  
 CE Fees (Medicine, Nursing & Dentistry) \$ \_\_\_\_\_ (if unsure, leave blank and CE Office will complete)  
 Other CE Fees \$ \_\_\_\_\_  
 Miscellaneous \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_  
 Profit  Loss \$ \_\_\_\_\_

**Overall Observations/Recommendations**

Please note your overall opinion of the activity and whether or not you feel its objectives were met:

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**Final Checklist** - The following information must be submitted before credit will be processed.

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|---|--|
| <input type="checkbox"/> Three copies of all publicity (DCN)  | <input type="checkbox"/> Speaker CVs (electronic copies preferred) (DCN) |
| <input type="checkbox"/> Speaker confirmation letter listing objectives (C)                                       | <input type="checkbox"/> Commercial Support Agreements (DC)              |
| <input type="checkbox"/> Evaluations or Summary of Evaluation Results (DCN) <input type="checkbox"/>              | Credit Records (DCN)   |
| <input type="checkbox"/> Proof of Speaker Expenses (requisitions, etc) (C)  | <input type="checkbox"/> Conference Handouts / Packet (DCN)              |
| <input type="checkbox"/> Joint Sponsorship form (if applicable) (C)   | <input type="checkbox"/> This Final Report (DCN)                         |
| <input type="checkbox"/> Speaker Disclosure of Significant Interests Forms (DCN)                                  | <input type="checkbox"/> Pre and Post-Test Results (if conducted) (DCN)  |
| <input type="checkbox"/> Proof of Resolved Conflicts and Disclosure of Significant Interests to the audience (DC) |  |
| <input type="checkbox"/> Remittance for credit (unless awaiting an invoice from CE Office) (DCN)                  |  |

**Key:** D = Required for Dentistry credit C = Required for CME credit N = Required for Nursing credit