

**Final Activity Review Report for  
CME Regular Scheduled Series (RSS) Providing Category 1 Credit**

**Office of Continuing Medical Education - School of Medicine - University of Missouri**

This report form is to be submitted to the Office of Continuing Medical Education after the review of an RSS by the planners of the series. The final report is due 30 days after the end of the activity year.

**I. Title of RSS:** \_\_\_\_\_

Approved Dates of Series: Beginning Date: \_\_\_/\_\_\_/\_\_\_\_\_ to Ending Date: \_\_\_/\_\_\_/\_\_\_\_\_

Type of Activity:    \_\_\_ Lecture    \_\_\_ Panel Discussion    \_\_\_ Simulation    \_\_\_ Skills/Case based discussion  
                          \_\_\_ Small group discussion    \_\_\_ Other: \_\_\_\_\_

**II. Date of this report:** \_\_\_\_\_

**III. School of Medicine unit sponsoring this activity:** \_\_\_\_\_

**IV. Faculty person who is directly responsible for managing the activity:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Planning Committee members if different than original application:

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

Contact Person who is submitting this report:

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**V. Documenting the RSS to Date – Items to Submit with this Report:**

1. Publicity materials issued for sessions covered by this review (please check one):

\_\_\_ Publicity copies included    \_\_\_ Publicity previously submitted

2. A list of dates, locations, topics, speakers and duration of presentations covered in this review (calendar or listing) (please check one):

\_\_\_ Calender included    \_\_\_ Calendar previously submitted

3. If the series is Jointly Sponsored, indicate if the actual management of the program differed from that described in the application and please explain the differences:

&#x2602; Activity Evaluation:

Designed to Change Competence: \_\_\_ Yes \_\_\_ No

Changes in Competence Evaluated: \_\_\_ Yes \_\_\_ No  
(If yes, please provide written evaluation summary)

Designed to Change Performance? \_\_\_ Yes \_\_\_ No

Changes in Performance Evaluated? \_\_\_ Yes \_\_\_ No  
(If yes, please provide written evaluation summary)

Designed to Change Patient Outcomes?  Yes  No

Changes in Patient Outcomes evaluated?  Yes  No

(If yes, please indicate how outcomes data is collected and provide data).

5. Was there commercial support?  Yes  No (If yes, provide the following)

a. Names of commercial supporters and amounts:

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b. A copy of the written disclosure of support you provided to participants

b. A copy of the signed letter of agreement with each supporting company.

c. Documentation that the funds were handled through School of Medicine accounts, and records showing how the funds have been spent to date.

5.1 Were there exhibitors/vendors?  Yes  No

6. Attach a copy of any handouts given to participants (check one):

Handout copies included

Handout copies previously submitted

VI. Plans for the Future of the RSS:

1. Has there been new information regarding educational needs? (If yes, please explain and attach a summary of the information and its source, and document that it was considered by the people planning the series):

2. In view of your experience with this series so far, are you planning to do anything differently in the future? Have your objectives changed? Do you plan to change the format in any way? If so, describe the change(s):

VII. Approval (signatures required):

I have reviewed this report and the attached information and believe it to be correct and complete.

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Faculty Member

Responsible for Managing the Activity

Date

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Contact Person

Date