**Final Report Course Report**

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

Please send the following materials to [cmeraom@gmail.com](mailto: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](mailto: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 Support  Financial support that is used to pay all or parts of the costs of a CME activity. |  |  |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
| Exhibitor Fees  How 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 |  |  |