

USCSOM-PHR CME ORGANIZATION
Regularly Scheduled Conference
Documentation Checklist

Title of Activity: _____

Speaker: _____

Title of Session: _____

Date of Session: _____

_____ Announcement/Flyer

_____ Speaker Invitation Letter

_____ CV/BIO (Outside or Visiting Speakers Only)

_____ Disclosure Statement

_____ Attendance Log

_____ Moderator Evaluation

_____ Participant Evaluations

_____ W9 Form (If Applicable)

Submitted By: _____

Date: _____

Please return this form completed along with session packet to Nancy Williams in the Office of CME
3555 Harden Street Ext., Suite 100 • Columbia, South Carolina 29203 • (803) 434-4211 • Fax: (803) 434-4288