

SAMPLE STATEMENTS

(this information should be included in the final brochure/agenda of an activity)

OBJECTIVES

Attendance at this conference will enable the participant to:

- _____
- _____

EVALUATION QUESTION

Based on your participation in this activity, what will you do differently?

TARGET AUDIENCE

This program is designed for.....

ACCREDITATION/DESIGNATION STATEMENT

DIRECTLY PROVIDED ACCREDITATION STATEMENT*

The (name of accredited provider) is accredited by the Kentucky Medical Association to provide continuing medical education for physicians.

*FOR JOINTLY PROVIDED STATEMENT CONTACT THE KMA EDUCATION DEPARTMENT

The [name of accredited provider] designates this [learning format] activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SPECIAL NEEDS (DISABILITIES) STATEMENT

"If you have special needs, let us know and we will try to accommodate you."

COMMERCIAL SUPPORT

The (CME Provider/Joint Provider) gratefully acknowledges the support of (supporting organization).

DISCLOSURE STATEMENT

(Speaker name, planners, anyone in a position to control content) discloses they have nothing to disclose.

OR

(Speaker name, planners, anyone in a position to control content) discloses: (name of relevant relationship) and (what was received.)

Example:

John Doe discloses: honorarium from Pfizer Pharmaceuticals.