



Wisconsin Medical Society  
Your Doctor. Your Health.

Brochure Checklist

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Activity Title: \_\_\_\_\_

Date: \_\_\_\_\_

Society Department/Joint Sponsor: \_\_\_\_\_

Please use the following checklist to ensure that the invitation, advertisement, or brochure for your program corresponds to the requirements established by the **Accreditation Council for Continuing Medical Education**, and the **Wisconsin Medical Society Council on Medical Education**.

**CME credit *cannot* be awarded for activities with brochures that do not correspond to these requirements.**

A draft copy of the brochure, invitation or advertisement for the activity, and of this completed checklist **must** be on file in the CME Office **before** credits can be awarded. Please call the CME Office at (608) 442-3796 for more information.

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The Wisconsin Medical Society **must be prominently listed** on the front of the brochure as the accredited CME provider. **The event or manuscript must be identified as a CME activity of the Wisconsin Medical Society.** Departments, divisions, clinics, or hospitals can also be listed as partners or presenters.

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**Learning Objectives or Statement of Purpose must be listed in the brochure.** This is to inform the potential attendees of the activity content.

**EXAMPLES:**

The objectives of this activity are to:

- ◆ Highlight recent research progress related to lung cancer;
- ◆ Identify current lung cancer treatment options;
- ◆ Review promising clinical research strategies for the next decade;

The purpose of this activity is to review the pathophysiology of pneumonia and current treatment options.

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**A statement of “Who Should Attend” should be included.** This is important information in helping potential participants decide if the activity is what they want and need. Include any pre-requisites.

**EXAMPLES:**

This activity is designed for nuclear medicine physicians, radiologists, technologists and referring physicians.

This symposium has been designed for Primary Care physicians seeking the latest information pertaining to back pain.

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- The Following Official Accreditation Statements**, and no others, **must appear in the brochure verbatim** with the prescribed number of CME. The Wisconsin Medical Society expressly prohibits use of the expression that “CME certification has been applied for”.
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**Statements are to be included in all brochures, in separate paragraphs as shown here:**

The Accreditation Statement is the standard statement that must be used by all accredited institutions and organizations. There are two different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

**Directly Sponsored Activity** – An activity planned and implemented by a Wisconsin Medical Society accredited provider of CME.

**STATEMENT OF ACCREDITATION**

The [name of accredited provider] is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.

**AMA/PRA DESIGNATION STATEMENT\***

**Jointly Sponsored Activity** – An activity planned and implemented by one accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the Wisconsin Medical Society’s Essential Areas, Elements and Policies and therefore take responsibility for the activity as indicated in the accreditation statement.

**STATEMENT OF ACCREDITATION - JOINT SPONSORED ACTIVITY**

This activity has been planned and implemented in accordance with the Essential Areas, Elements and Policies of the Wisconsin Medical Society through the joint sponsorship of [name of accredited provider] and [name of non-accredited provider]. The [name of accredited provider] is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.

**AMA/PRA DESIGNATION STATEMENT\***

Note: CME activities that are co-sponsored should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

**\* AMA Credit Designation Statement**

The AMA Credit Designation Statement indicates to physicians that the activity has been certified by an accredited CME provider as being in compliance with *AMA PRA Category 1 Credit*™ requirements. The AMA Credit Designation Statement must be written without paraphrasing and be listed separately from accreditation or other statements.

The following AMA Credit Designation Statement must be included in relevant announcement and activity materials:

The [name of accredited CME provider] designates this [learning format] 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.

The learning format listed in the Credit Designation Statement must be one of the following AMA approved learning formats:

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| 1. Live activity              | 4. Test-item writing activity | 7. Internet point-of-care activity |
| 2. Enduring material          | 5. Manuscript review activity |                                    |
| 3. Journal-based CME activity | 6. PI CME activity            |                                    |

- Commercial support of the activity known at the time of printing or posting to a webpage must be listed in the brochure, or can state “commercial support applied for”.** This support should be acknowledged with a statement that the program is “**supported by an unrestricted educational grant**” from the organization(s).
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In most cases, it is best to avoid including logos of drug companies or other vendors. No product names or product logos are permitted. In all cases, care must be taken that the brochure does not include advertisements for anything other than the educational event.

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- Refund Policy.** All CME activities for which a fee is charged must state a refund policy in the promotional material, even if the policy is “no refunds”.
  - ADA Compliance Statement.** All CME promotional materials must include a mechanism for participants to alert organizers to special needs or accommodations required by the Americans with Disabilities Act of 1990 (P.L. 101-336).
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**EXAMPLES:**

*[Name of organizer]* fully intends to comply with the legal requirements of the Americans with Disabilities Act. If any participant of the *[CME activity title]*, given by *[name of sponsor]*, is in need of accommodation, please do not hesitate to submit written requests at least \_\_\_\_\_ weeks prior to the conference to \_\_\_\_\_.

In accordance with the Americans with Disabilities Act, *[name of organizer]* seeks to make this conference accessible to all. If you have a disability, which might require special accommodations, please email your needs to: \_\_\_\_\_ or call \_\_\_\_\_.

*[Name of organizer]* subscribes to the articles of Title III of the Americans with Disabilities Act of 1990. Should you are anyone accompanying you require special assistance, please notify us by contacting \_\_\_\_\_