



NORTHWESTERN  
UNIVERSITY

**Insert Activity Title & Date  
Program Information**

Jointly sponsored by Northwestern University, Feinberg School of Medicine and (insert name of non-accredited provider).

**Learning Objectives**

Upon completion of this activity, participants will be able to:

1. INSERT OBJECTIVE #1
2. INSERT OBJECTIVE #2
3. INSERT OBJECTIVE #3

**Accreditation Statement**

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Northwestern University, Feinberg School of Medicine and (name of non-accredited provider). Northwestern University, Feinberg School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

**Credit Designation Statement**

The Northwestern University's Feinberg School of Medicine designates this educational activity for a maximum of «CME\_Credit\_Hrs» *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**CME Certificates**

In order to obtain your *AMA PRA Category 1 Credit(s)*<sup>™</sup> certificate for this activity, please complete the Credit Verification Form included in your syllabus. Forms should be completed in full and returned to the registration desk at the end of the meeting. Certificates will be mailed 3 - 4 weeks following the activity to the address provided on your registration form.

**Educational Support**

This educational activity is supported by an unrestricted educational grant from:

- INSERT COMPANY NAME
- INSERT COMPANY NAME

**Faculty/Speaker Disclosure Statement  
and  
Disclosure for Discussions of Off-Label/Investigational Use of Pharmaceutical Products**

In accordance with ACCME Standards for Commercial Support of Continuing Medical Education and the Feinberg School of Medicine's disclosure policy for CME activities, faculty members have been asked to disclose any relationship they may have with commercial supporters of this CME activity or with companies providing products or medical equipment that may have relevance to the content of their presentations. Such disclosure is intended to provide participants with sufficient information to evaluate whether any given presentation has been influenced by the faculty's relationships(s) or financial interest with said companies.

This activity may include information regarding the off-label and/or investigational use(s) or various pharmacologic agents. The faculty have disclosed below if they will be discussing a product which is still investigational or not labeled for the use under discussion

**Course Director's and Planning Committee Members Disclosure Information:**

Jane Doe, MD	Serves as a consult for <insert commercial company's name>.
Mike Jones, MD	States he has nothing to disclose.

**Speakers, Moderators and Panelists' Disclosure Information:**

Joe Smith, M.D.	States he has nothing to disclose.
John Doe, M.D.	Serves as a consult for <insert commercial company's name>.
John James, M.D.	Will be discussing the off-label usage of <insert product name>. Dr. James has research support from <insert commercial company's name. >

This activity is being sponsored by the Feinberg School of Medicine, Department of <INSERT DEPT.>. The medical school has no significant relationship with the commercial companies whose products or services are being discussed in this educational activity.

or

The medical school/department has <INSERT RELATIONSHIP> with the <INSERT COMPANY'S NAME> whose products or services are being discussed in this educational activity.

<INSERT CONFERENCE TITLE>  
<INSERT CONFERENCE DATE>

**AMA PRA Category 1 Credit(s)<sup>TM</sup>**

Please complete the following information to verify your attendance and return completed form to the registration desk at the end of the conference.

CME certificates will be mailed to the address on your registration form in 6-8 weeks following the conference.

*Please print clearly*

**NAME:** \_\_\_\_\_

Please indicate hours spent in the educational activity per day:

<INSERT DATE OF CONFERENCE>

<INSERT SCHEDULE – SEE EXAMPLE BELOW>

**Morning Sessions - 8:00 am 11: 45 am**

3.5 credits \_\_\_\_\_ Credits Claimed

**Afternoon Sessions: 1:00 pm – 5:00 pm**

3.5 credits \_\_\_\_\_ Credits Claimed

<INSERT DAY 2 OF CONFERENCE – IF APPLICABLE>

**Morning Sessions - 8:00 am 11: 45 am**

3.5 credits \_\_\_\_\_ Credits Claimed

**Afternoon Sessions: 1:00 pm – 5:00 pm**

3.5 credits \_\_\_\_\_ Credits Claimed

**TOTAL HOURS SPENT IN THE EDUCATIONAL ACTIVITY:** \_\_\_\_\_

Maximum <INSERT MAXIMUM NUMBER OF CREDIT HOURS> AMA PRA Category 1 Credit(s)<sup>TM</sup>

\_\_\_\_\_  
**Signature** **Date**

For additional information, please contact the <INSERT CONFERENCE ORGANIZERS>.