



**Regularly Scheduled Series  
Session Planning Worksheet**

RSS Title: \_\_\_\_\_

Presentation Title: \_\_\_\_\_ Date: \_\_\_\_\_

Speaker: \_\_\_\_\_ Title: \_\_\_\_\_

Speaker Address: \_\_\_\_\_

Speaker Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Speaker Honorarium (if applicable): \_\_\_\_\_

Speaker W9 received (if applicable)

Commercial Supporter (if applicable): \_\_\_\_\_

Series Global Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Disclosure Form for all speakers, planners and others in a position to influence the content of the RSS series
- How will disclosure to audience of significant financial interest (or lack there of) take place?
  - Verbal Disclosure (Written documentation of Verbal Disclosure Form must be completed and submitted to CPD)
  - Written Disclosure Form distributed to the learners prior to the activity.
  - Power Point Slide (copy of slide must be submitted to CPD office)
- Letter to speaker regarding their participation in the RSS and their requirements to comply with the Standards for Commercial Support
  - Copy of Standards of Commercial Support sent with speaker letter
- Copy of promotional materials that demonstrate the following information was communicated to the learners in advance of the CME activity/session:
  - Accreditation Statement and Credit Designation Statement
  - Global or sub-objectives for the session
  - Disclosure of Commercial Support (Grants or in-kind contributions) being provided for this activity
- Conflict of Interest Resolution Form - completed whenever someone in a position to influence the content of the RSS series have indicated a potential conflict of interest.
- Signed Commercial Support Letter of Agreement (if commercial support has been provided for this activity)
- Budget Information, including: honoraria, expenses, food and beverage costs, other costs associated with the session
- Evaluations
- Consideration has been given to the potential barriers that could prevent changes in practice
  - No relevant system barriers have been identified at this time for this activity.
  - The following barriers have been identified and will be addressed in the educational intervention
 

<input type="checkbox"/> formulary restrictions	<input type="checkbox"/> insufficient time for implementation of new skills or behaviors
<input type="checkbox"/> lack of insurance reimbursement	<input type="checkbox"/> lack of organization's support
<input type="checkbox"/> policy issues within organization	<input type="checkbox"/> other: _____
- Consideration has been given to Patient Safety issues
  - No patient safety issues apply to this activity.
  - Patient Safety issues will be addressed in the content are attached.

**I attest that this activity has complied with all the Standards of Commercial Support.**

RSS Liaison/Course Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to Janine Hartfield at the Office of Continuing Professional Development 1 week prior to your planned RSS session. Failure to comply with all of these requirements, could result in credit being revoked for this session. If you have any questions, please call Janine Hartfield at 813-974-7420.**