**Regularly Scheduled Series Planning Worksheet**

**RSS Title:** 

**Presentation Title:** 

**Speaker:** 

**Speaker Office Phone:** 

**Speaker Honorarium (if applicable):** $ $$

**Commercial Supporter (if applicable):**

**Information on Flyer**

- 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
- Sub-objectives for the session
- Disclosure of Commercial Support (Grants or in-kind contributions) being provided for this activity (if applicable)

**Letter to Speaker**

- 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

**Disclosure**

- 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
- PowerPoint Slide (copy of slide must be submitted to CPD office)

**Conflict of Interest (If Applicable)**

- 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)

**Barriers**

- 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
- Formulary restrictions
- Insufficient time for implementation of new skills or behaviors
- Lack of insurance reimbursement
- Lack of organization’s support
- Lack of resources
- Policy issues within organization
- Other:

**Patient Safety**

- Consideration has been given to Patient Safety issues
- No patient safety issues apply to this activity
- Patient Safety issues that will be addressed in the content are attached

**Budget**

- Budget Information, including: honoraria, expenses, food and beverage costs, other costs associated with the session

**Please email preconference material one week prior session to cpdrss@health.usf.edu**

**Please email post conference material within one week after session to cpdrss@health.usf.edu**

- Sign-in / Rosters
- Evaluations

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

RSS Liaison/Course Director: ___________________________ Date: __________________

*If you have any questions, contact Pam LeClair (813-224-7862) or Chantal Vazquez (813-224-7879)*