

## UF CME Marketing Checklist

**CME Logo**



**Learning Objectives**

Begin each objective with a measurable term, such as examine, describe, identify, assess, or evaluate; avoid terms such as learn or understand – [Tips for Writing Learning Objectives](#)

**Target Audience (who should attend)**

Primary Care Physicians, [specialists], Physicians Assistants and Nurse Practitioners.

**Disclosure Information**

**Example disclosure statement for speaker who has no relationships to disclose:**

[Speaker Name] has disclosed that s/he has no relevant financial relationships. No one else in a position to control content has any relationships to disclose.

Conflict of interest information for the CME Advisory Committee members can be found on the following website: <https://cme.ufl.edu/disclosure/>.

**Example disclosure statement for speaker who has relationships to disclose:**

[Speaker Name] has disclosed that s/he receives grant support from [Company] and is a consultant for [Company]

Conflict of interest information for the CME Advisory Committee members can be found on the following website: <https://cme.ufl.edu/disclosure/>.

\*\* If you have more than a few speakers, please use the [Disclosure Information Handout](#).

\*\* If disclosure information is unknown at time of publication, it can be disclosed before/at the meeting in the form of a handout.

**Official CME statements**

See your approval letter for the correct accreditation and credit statements.

**Registration information**

Include the URL for online registration.

**Commercial Support Acknowledgement (if known at time of publication)**

This activity is supported by educational grants from [company name, as specified in the Letter of Agreement or grant application].

**And/Or**

This activity is supported by exhibits from [company names].

\*\* If commercial support is unknown at time of publication, it can be disclosed at the meeting in the form of a handout.

**Accommodations for Disabilities or Special Requests, Including Dietary (for live meetings)**

Please notify the CME Office a minimum of ten working days prior to the conference so that adequate consideration may be given to your request. Special dietary restrictions should also be submitted in advance.

\*\* Including this information on the brochure is optional; it can be provided on the conference website or registration page.

**Refund policy (for live meetings)**

**Sample refund policy verbiage:** A partial refund, less a \$[amount] processing fee, will be issued for written cancellations received in writing by [date]; no refunds will be given after [same date as previously listed] but substitutions, with prior notification, are permitted. Email cancellation notice to UF CME Office, [cme-mail@ufl.edu](mailto:cme-mail@ufl.edu).

\*\* Alternatively, this information can be provided on the online registration page, rather than on the printed brochure.

**Cancellation policy (for live meetings)**

**Sample cancellation policy verbiage:** In the unlikely event the program is cancelled, the University's responsibility is limited to a full refund of registration fees.

\*\* Alternatively, this information can be provided on the online registration page, rather than on the printed brochure.