**Activity Title:**

**Medical Director:**       **Coordinator Name:**

**Location of Activity:**       **Activity Date:**

***To be Completed by the CME Coordinator***

The activity was audited by Virginia Provenza, CPD Department. This form will be submitted to the AdventHealth CPD Committee and become part of the Committee Minutes for auditing by the Florida Medical Association.

***Observations or Progress Report***

[ ]  CME procedures and mandates have been followed

[ ]  Conflict of Interest Disclosures were made appropriately

[ ]  Changes need to be made in the following areas:

Accreditation requires the CPD Department to document attendance at all CME approved lectures, Physicians and Others. This lecture is hybrid: an unknown number of live attendees,       attendees joined electronically,       attendees texted attendance. Make sure your audience knows texting the code does **not** provide CME but records attendance, completing the evaluation allows them to claim CME. The names listed below *do not* reflect attendees sitting in conference rooms who did not text or log into Teams.

Attendees that need to create a profile:

* ●

Attendees that didn’t text attendance:

* ●
* ●
* ●
* ●
* ●

Click or tap here to enter text. Click or tap here to enter text.

CPD Auditor and Date Activity Coordinator and Date