Sample Faculty Confirmation Letter – may be modified if required.

This sample letter is provided to assist sponsors in implementing the ACCME Essential Areas. It represents one method of documenting compliance. If used, it should be modified to meet the needs of individual events. A different letter or a different approach that complies with the ACCME Essential Areas (Purpose & Mission, Educational Planning and Evaluation, Administration) may be used.

Dear (MD’s name):

Thank you for agreeing to serve on our faculty for the upcoming continuing medical education activity (Title) which will be held on (Date), at the (Location). Your presentation, (Presentation Title) is scheduled to begin at (time). As we discussed, your presentation should be (time length) and is to be followed by a (time length – usually 10 minutes) period for audience questions. As agreed upon, your honorarium for this event will be ($ See Honorarium Policy) plus lodging. An Independent Contract Agreement and Travel Form will be required. Payments for honorarium and travel expenses are made within 2 to 3 weeks following the event. Original travel receipts will be required to be submitted with the Travel Form. We ask that you follow these regulations carefully to avoid unnecessary delays in processing your reimbursement.

The Continuing Medical Education Committee which planned and designed this activity, formulated the following learning objectives which need to be the basis of your presentation:

1. Objective:
2. Objective:
3. Objective:

If you have questions concerning these objectives, need clarification regarding the expectations of the Committee, or would like to refine the objectives, please contact the event chairperson (______________, MD) at (telephone number) or (email address).

As an accredited CME sponsor, Marshall University JCE School of Medicine requires that its speakers comply with the ACCME Standards for Commercial Supports of CME (http://www.accme.org). We will be disclosing to our participants that this CME activity has been supported by an educational grant from (______________). As our speaker, you are required to disclose any significant financial interest or relationship that you may have with the Company or that the manufacturer(s) of any commercial product/service that is discussed as part of your presentation. Please complete the enclosed Faculty Disclosure Form and return to our office by (Date – 2 or 3 weeks before the event).

The Commercial Support Standards also require that your presentation be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several companies must be used. Further,
should your presentation include discussion of any unlabeled/investigational use of a commercial product, you are required to disclose this on the Faculty Disclosure Form and to the participants. Should you determine that you cannot comply, have a Conflict with these requirements or any provision of the Commercial Support Standards, please call me or CME as soon as possible. (304) 691-1771.

Our lecture rooms are equipped with all types of audio-visual support systems. Please inform this office of your requirements for audiovisuals. If you are using Power Point for your presentation, please bring your personal laptop computer. Please select from: Slide projector, overhead projector, LCD projector, video tape – VHS format only. Please bring your own Laser Pointer.

The Office of CME is responsible for providing uniform syllabus materials for CME activity participants. In order to meet our printing deadlines it will be necessary for us to receive your syllabus materials no later that (Date - 4 weeks before the event). Please provide these materials by email (Microsoft Word Format) or on 8 ½ x 11 inch double spaced #20 bond paper, laser printed or copy of your PowerPoint Slides.

It is the policy of the Office of CME to conduct post-activity evaluations. These evaluations ask participants to indicate the appropriateness of presentations to their specific practices, if the presentations satisfied the stated objectives, if they were satisfied with the faculty presentations and if there was any evidence of commercial bias. The results of these evaluations are used to plan future CME activities and are shared with the faculty.

Once again, thank you for your willingness to participate in this CME event. The CME Planning Committee has worked hard to develop a program which will meet the expressed needs of our expected participants, which we anticipate will come from the Tri-State area (WV, OH, KY).

Your lodging will be provided at our local Ramada Limited (confirmation number) (304) 523-4242 on (______). This is for Room and Tax only. Submit all other expenses on the Travel Form provided at the lecture.

If we can be of any additional help, please contact us between the hours of 8:00 a.m. and 4:30 p.m. Monday – Friday or by email baileyd@marshall.edu or event chair’s email_________________.

Sincerely,

CME Chairperson’s Name/Title or Event Chair/Title