



Minimum Print and Information Requirements

Live Activities

Save the Date (This is only allowed when the activity is still in development)

Title	yes <input type="checkbox"/>	no <input type="checkbox"/>
Date(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Location	yes <input type="checkbox"/>	no <input type="checkbox"/>
Instructions on where to go to obtain full activity information	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate providership statement	yes <input type="checkbox"/>	no <input type="checkbox"/>
Acknowledgement of commercial support (if applicable)	yes <input type="checkbox"/>	no <input type="checkbox"/>
This activity has been approved for <i>AMA PRA Category 1 Credit™</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>

Invitations/Marketing Pieces/Email Blasts

Title*	yes <input type="checkbox"/>	no <input type="checkbox"/>
Date(s)*	yes <input type="checkbox"/>	no <input type="checkbox"/>
Location*	yes <input type="checkbox"/>	no <input type="checkbox"/>
Goal/Objectives	yes <input type="checkbox"/>	no <input type="checkbox"/>
Target Audience	yes <input type="checkbox"/>	no <input type="checkbox"/>
Fees (if appropriate)	yes <input type="checkbox"/>	no <input type="checkbox"/>
How to register	yes <input type="checkbox"/>	no <input type="checkbox"/>
Instructions on how to receive credit	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate providership statement*	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate accreditation statement(s) – AMA, ANCC, ACPE, CDR, etc	yes <input type="checkbox"/>	no <input type="checkbox"/>
For pharmacy CE - include ACPE logo	yes <input type="checkbox"/>	no <input type="checkbox"/>
For pharmacy CE – include UAN number	yes <input type="checkbox"/>	no <input type="checkbox"/>
For pharmacy CE – include type of Activity (ie Knowledge, Application)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate credit statement(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Statement regarding disclosure policy	yes <input type="checkbox"/>	no <input type="checkbox"/>
Acknowledgement of commercial supporter (if applicable)*	yes <input type="checkbox"/>	no <input type="checkbox"/>
Faculty, degree, and title/affiliation	yes <input type="checkbox"/>	no <input type="checkbox"/>
Agenda with speaker name(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>
ADA Statement (for live)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Non-healthcare professional participation statement (for live)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Disclaimer Statement (Policy 13.2)	yes <input type="checkbox"/>	no <input type="checkbox"/>

* For marketing materials where the potential participant is being directed to a web page on which all the CE language for the activity resides, an abbreviated invite/marketing piece/email blast is acceptable. Required elements for the abbreviated piece are indicated with an “*” above. In addition, the following or similar language should be included: “For complete activity information or to register/participate, please visit <insert URL>.”

Learner Handout Materials

Title	yes <input type="checkbox"/>	no <input type="checkbox"/>
Date(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Location	yes <input type="checkbox"/>	no <input type="checkbox"/>
Goal/Objectives	yes <input type="checkbox"/>	no <input type="checkbox"/>
Target Audience	yes <input type="checkbox"/>	no <input type="checkbox"/>
Instructions on how to receive credit	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate providership statement	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate accreditation statement(s) – AMA, ANCC, ACPE, CDR, etc	yes <input type="checkbox"/>	no <input type="checkbox"/>
For nursing CE – include ANCC Accreditation Feedback Language	yes <input type="checkbox"/>	no <input type="checkbox"/>
For pharmacy CE – include ACPE logo	yes <input type="checkbox"/>	no <input type="checkbox"/>
For pharmacy CE – include UAN number	yes <input type="checkbox"/>	no <input type="checkbox"/>
For pharmacy CE – include type of Activity (ie Knowledge, Application)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate credit statement(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Acknowledgement of commercial supporter (if applicable)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Faculty, degree, and title/affiliation	yes <input type="checkbox"/>	no <input type="checkbox"/>
Agenda with speaker name(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Faculty/planner disclosure statements	yes <input type="checkbox"/>	no <input type="checkbox"/>
Off-Label/Investigational Usage Disclosure	yes <input type="checkbox"/>	no <input type="checkbox"/>
Disclaimer Statement (Policy 13.2)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Non-healthcare professional participation statement (for live)	yes <input type="checkbox"/>	no <input type="checkbox"/>

Enduring Activities

Print

Title	yes <input type="checkbox"/>	no <input type="checkbox"/>
Date of release	yes <input type="checkbox"/>	no <input type="checkbox"/>
Date of expiration (or most recent review)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Goal/Objectives	yes <input type="checkbox"/>	no <input type="checkbox"/>
Target Audience	yes <input type="checkbox"/>	no <input type="checkbox"/>
Fees (if appropriate)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Instructions on how to receive credit (including % correct necessary to pass)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate providership statement	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate accreditation statement(s) – AMA, ANCC, ACPE, CDR, etc	yes <input type="checkbox"/>	no <input type="checkbox"/>
For nursing CE – include ANCC Accreditation Feedback Language (optional)	yes <input type="checkbox"/>	no <input type="checkbox"/>
For pharmacy CE – include ACPE logo	yes <input type="checkbox"/>	no <input type="checkbox"/>
For pharmacy CE – include UAN number	yes <input type="checkbox"/>	no <input type="checkbox"/>
For pharmacy CE – include type of Activity (ie Knowledge, Application)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appropriate credit statement(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Time to complete	yes <input type="checkbox"/>	no <input type="checkbox"/>
Acknowledgement of commercial supporter (if applicable)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Faculty, degree, and title/affiliation	yes <input type="checkbox"/>	no <input type="checkbox"/>
Agenda with speaker’s name(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Faculty/planner disclosure statements	yes <input type="checkbox"/>	no <input type="checkbox"/>
Off-Label/Investigational Usage Disclosure	yes <input type="checkbox"/>	no <input type="checkbox"/>

Policy 13.0

Disclaimer Statement (Policy 13.2)

yes no

No product advertising

yes no

Information on how to contact Academy

yes no

Web/CD-ROM/DVD (in addition to above print requirements)

No links to products/commercial interest website w/in educational activity

yes no

All required elements of enduring activity transmitted prior to the beginning of the educational activity

yes no

Hardware/Software requirements (can link to this)

yes no

Policy on privacy and confidentiality (can link to this)

yes no

Copyright – must document provider and joint provider/hold copyright

yes no