



## KHN CME Liaison Checklist

**NAME OF LIAISON**

**EVENT/SESSION**

**Activity Date**

### Evaluation Packet

Attendance Number (head count) & Sign-In Sheet(s)	
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COI Disclosure of Presenter or Annual COI Provided	
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COI Disclosure Statement Sign	
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Bio / CV Presenter (if not already recd.)	
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Presentation and Agenda and/or Handout (if applicable)	
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Speaker CME credit form (if applicable)	
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Content reviewed by planner (didactic only)	
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Last Updated 1/23/2019