

**Medical College of Georgia Division of Continuing Education  
Activity Director Attestation Form**

**Title of Activity:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Total Hours of Instruction:** \_\_\_\_\_

**Presenter(s):** \_\_\_\_\_  
\_\_\_\_\_

**Last 4 Digits of SS#:** \_\_\_\_\_  
\_\_\_\_\_

The Activity Director will sign this document, for each activity, to attest compliance with key ACCME guidelines and policies related to disclosure, purpose/objectives, scientific integrity and commercial support.

**Disclosure:**

As the responsible activity director, I attest that all faculty disclosed information prior to the initiation of the activity.

Yes     No

**Learning Objectives:**

Prior to the initiation of the learning material, the intended learning objectives were shared with the audience. (Check yes, if listed on evaluation)

Yes     No

**Scientific Integrity:**

As the responsible physician planner, I certify that this educational activity covers a specific area that is scientifically valid and is appropriate in depth and scope for the intended physician audience.

Yes     No

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**Commercial Support:**

Commercial support was received for this activity.

Yes     No

Commercial supporter(s) were announced to the audience.

Yes     No     Not Applicable

All funds supporting this activity were managed by the Division of Continuing Education.

Yes     No     Not Applicable

Honoraria and expenses were paid by the Division of Continuing Education.

Yes     No     No Honoraria and Expenses Paid

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The signature below attests to each of the above items.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date