

Participant Lists

Quick Reference Document

Introduction

Accredited CME providers **must** have a mechanism for physicians to claim credit and **must** award the **actual** number of *AMA PRA Category 1 Credits™* **claimed** by each physician. The records documenting the credit awarded **must** be retained by accredited providers, for each certified activity, for a **minimum** of six years **after** the completion date of the activity.

Participant List should **include** the following information for each participant (physicians and non-physicians):

- Full name of participant
- Designation as either:
 - Physician
 - Non-physician
- Contact e-mail address for participant.
- Unique identifier for participant
- Actual number of hours claimed, in .25 increments up to the maximum the activity was accredited for.

Requirements

- **Submit** participant list to accredited provider as part of the overall post-activity requirements.
- **Complete** corresponding “Post-activity Reporting Requirements” field relative to the number of physician vs non-physician participants.
 - Since there is no “time limit” for participants to “claim credit”
 - Post-activity information will only reflect “credit hours claimed” information for participants that have already claimed credit and received their certificates at the time the requirements are due.
 - Due date is 60 days after each activity occurrence ends.
- **Update** participant list as individuals continue to claim credit and certificates are awarded.
- **Retain** records for a minimum of six years and be prepared to **submit** to accredited provider upon request.

Sample Participant List (roster)

Unique identifier for participant (A#)	Full name of participant	Physician/ Non-Physician	E-mail Address	Actual number of hours claimed