***REGULARLY SCHEDULED SERIES ANNOUNCEMENT***

**Name of RSS**

***Speaker:***

***Topic:***

***Objectives:*  At the conclusion of this activity, the participant will be able to:**

**1.**

**2.**

**3.**

***Date/Time:***

***Location:***

***Accreditation:*** In support of improving patient care, this activity has been planned and implemented by University of Arkansas for Medical Sciences and (Add Joint Provider Name). University of Arkansas for Medical Sciences is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

***AMA Credit Designation:*** The University of Arkansas for Medical Sciences designates this live activity for a maximum of \_\_\_ *AMA PRA Category 1 Credit(s*)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

***ANCC Credit Designation***: The University of Arkansas for Medical Sciences designates this live activity for a maximum of \_\_\_ ANCC contact hour(s). Nurses must attend the entire session In order to receive credit.

***ACPE Credit Designation***: These knowledge based activities will provide pharmacists up to \_\_\_\_ contact hour(s) or \_\_\_\_\_CEU. Credit will be uploaded to CPE Monitor within 60 days of the session.

***AAPA Designation Statement:*** The University of Arkansas for Medical Sciences has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for \_\_\_ AAPA Category 1 CME credit(s). PAs should only claim credit commensurate with the extent of their participation.

***CDR Designation Statement***: This program has been approved for \_\_\_ contact hours of continuing education for dietitians by the Academy of Nutrition and Dietetics. CPEUs awarded will be commensurate with participation in the activity.

***Disclosure of Financial Relationships:***

*The planners of this RSS, [list names], and moderators [list names] have no relevant financial relationships with ineligible companies to disclose.* ***AND/OR***

*The following planners and moderators of this RSS have financial relationship(s) with ineligible companies to disclose:*

 *[Planner/Moderator name], [Ineligible Company name], [nature of relationship]*

*All relevant financial relationships have been mitigated.*

*The speaker of this RSS has no relevant financial relationships with ineligible companies to disclose. (use this statement I your speaker does not have a relevant financial relationship)*

***OR*** *The speaker of this RSS has the following financial relationship(s) with ineligible companies to disclose: (use this statement if your speaker does have relevant financial relationships and list them in the format below)*

*Speaker name, Ineligible Company name, nature of relationship (repeat as many times as necessary to disclose all financial relationships)*

*All relevant financial relationships have been mitigated.*

*The accreditation compliance reviewers of this RSS, Brandie Jones, Sara Hale, and Courtney Bryant, have no relevant financial relationships with ineligible companies to disclose.*

***Commercial Support Acknowledgement (if applicable):*** [This activity is supported by an unrestricted educational grant from [name of supporter(s)]

(delete the statements that are not relevant to your RSS)