



NCCPA Conference Logging Terms and Conditions

To participate in the NCCPA CME Conference Logging System (“the System”), you must agree to the following Terms and Conditions:

1. Your organization’s personnel (“you”) are solely responsible for the timely and accurate entry of all session and attendee details into the System. Specifically, you must provide the following information via the Web-based portal, **at least five days before your conference’s start date**:
 - a. complete, sign, and fax the NCCPA Conference Logging Terms and Conditions and AAPA Self-Assessment/Performance Improvement letter if applicable;
 - b. the titles of all Category 1-approved sessions and workshops, start date and time, and number of Category 1 credits for which each session has been approved (**please note: all SA activities must be preapproved by AAPA as Category 1 Self-Assessment. Performance Improvement activities must be preapproved by AMA or AAPA as PI-CME**); and
 - c. the first name, last name and zip code of each pre-registered attendee. If available, you should also include the attendee’s NCCPA identification number and e-mail address.
2. You may edit session details if necessary until the actual date of the session.
3. Your final attendee list is due five days after your conference end date.
4. By agreeing to these “Terms and Conditions,” you are accepting responsibility for (1) the accuracy of information submitted by you, including the conference information listed below and your conference’s session details and attendee list and (2) notifying your attendees about the process for logging credits earned at your conference.

If you do not agree to these Terms and Conditions, you may not continue with the conference logging process. You will be asked to complete this form and agree to these Terms and Conditions for each new conference.

Please complete the required information below, sign, and fax to 678-417-8135 attention CM Department.

Conference Start Date: _____ **Conference End Date:** _____

Conference Name: _____

Conference City & State: _____ **Sponsor:** _____ **Provider:** _____

Total Number of Category 1 Credits: _____

(Please note: The total number of conference credits should be the entire amount of Category 1 credits the conference is providing. For example, a PA may only be able to earn 20 credits, but the total number of Category 1 credits is 29.)

Total Number of Sessions Available: _____

(Please note: This total *should not* include Category 2 sessions as they cannot be submitted with the Conference Logging System.)

- Total Number of AAPA approved Category 1 Self-Assessment CME Sessions (Approval letter must be submitted with Terms and Conditions form) _____
- Total Number of approved Category 1 Performance Improvement CME Sessions (Approval letter must be submitted with Terms and Conditions form if sessions are approved by AAPA) _____

___ I certify that the above information is true and correct and have read and agree to the terms and conditions listed above.

Contact Name: _____ **Contact Email:** _____

Contact Phone: _____ **Date:** _____

Signature: _____