1. All ER/LA REMS activities must be submitted as a stand-alone program. Each ER/LA REMS activity will receive its own program number/activity ID.
   * ***Note 1:*** *The credits from the ER/LA REMS activity can be advertised in the number of overall credits and can be listed on the Certificate of Attendance.*
   * ***Note 2:*** *When submitting credits for posting, the ER/LA REMS credits should be submitted as a separate Roster*.
2. Complete the ER/LA REMS Pre-Approval Form and submit it along with all other criteria for Category 1 CME credit including:
   * Needs Assessment
   * Learning Objectives
   * Faculty Disclosure
   * Bio and CV
3. Submit this information to [cmesponsors@osteopathic.org](mailto:cmesponsors@osteopathic.org) for approval.
4. Once the ER/LA REMS Activity has been completed, compile your organization’s data and complete a Post ER/LA REMS Activity Report Form. This form can be found on the AOA website at: [www.osteopathic.org/inside-aoa/development/continuing-medical-education/Pages/rems.aspx](http://www.osteopathic.org/inside-aoa/development/continuing-medical-education/Pages/rems.aspx)
5. Please contact us at [cmesponsors@osteopathic.org](mailto:cmesponsors@osteopathic.org) with questions and/or concerns regarding your ER/LA REMS activity/program.

**Name of Primary Category 1 Sponsor: (Accredited Provider of Activity):**

**If applicable, name of Joint Sponsor:**

**Activity Start Date:**  **Activity Location (City & State):**

**Activity Title:**

**Activity Type:** Live or Enduring

**How many credits will be awarded for the ER/LA REMS activity only?**

**Will this activity be provided to prescribers of schedule II and/or schedule III controlled substances?**

Yes or No

**Will Activity be RPC Funded?**  Yes or No

*Note: If yes, activity* ***will be*** *subject to an independent audit of content & compliance with accrediting standards.*

**Will Activity be a part of CO\*RE Programs?** Yes or No

**Will Activity be Commercially Supported?** Yes or No

If yes, please provide name of Commercial Supporter:

**Is Activity Fully Compliant with FDA Blueprint?** Yes or No

If yes, skip next question. If no, please answer next question.

*Note: Fully compliant means the activity covered all components of the FDA Blueprint, included a post-course knowledge assessment, and is subject to an independent audit of content and compliance with applicable accrediting standards.*

**Is Activity Partly Related to the FDA Blueprint?** Yes or No

If yes, which components were covered during the activity? *Please choose all that apply.*

Component 1: Assessing Patient for Treatment with ER/LA Opioid Analgesic Therapy

Component 2: Initiating Therapy, Modifying Dosing, and Discontinuing Use of ER/LA Opioid Analgesics

Component 3: Managing Therapy with ER/LA Opioid Analgesics

Component 4: Counseling Patients and Caregivers about the Safe Use of ER/LA Opioid Analgesics

Component 5: General Drug Information for ER/LA Opioid Analgesic Products

Component 6: Specific Drug Information for ER/LA Opioid Analgesic Products

**Signature of Category 1 CME Sponsor** **Date**