

Instructions for Submitting Participant Data:

Copy the spreadsheet to a new document. Keep the old document as a reference. Please do not combine multiple sessions or multiple meetings on a single spreadsheet – use a separate excel file for each meeting/session combination.

Delete sample data rows 2 and 3. Leave row 1 intact. Enter your data in the columns provided, in the new sheet.

All participants in the educational activity must be listed, even those who do not want or qualify for credit. A participant is defined as someone who attended the educational activity (live or teleconference), or viewed the enduring material.

ALL columns must appear in the spreadsheet with the headers listed in the sample. Do not change the column names (the items in the gray bar, ROW 1) **if columns are changed, the spreadsheet will be returned to you to correct.**

Column name	Description/Format	Requirements
session code	CME session code, (see coordinator if not known)	Required (if any)
coursecode	CME meeting code, (see coordinator if not known)	Required
lastname	Participant last name, (do not include suffix)	Required
firstname	Participant first name, (do not include prefix or middle initial)	Required
middle	Participant middle initial or full middle name (please remove periods)	
suffix	Jr, Sr, III, IV, etc (please remove periods)	
degree	MD, RN, etc (separate multiple degrees with a comma as shown)	
specialty	Cardiology, Oncology, etc	
address1	Street address line 1 (limit 50 characters / do not include City, State, Zip or Country Name)	<i>Required if no email address</i>
address2	Street address line 2 (limit 50 characters / include international province or territory names)	Not required; leave blank if not needed
city	City	<i>Required if no email address</i>
state	State, two letter United State mailing code (MD, NY, PA, etc - leave blank for Non US addresses)	<i>Required if no email address</i>
zipcode	Mailing Zipcode or International Postal Code	<i>Required if no email address</i>
country	Full name of country	Non US only
phone	Format: 999-999-9999 US phone numbers only	
email	Format: johndoe@comcast.net	<i>Required if no mailing address</i>
credit date	Format: mm/dd/yyyy (<i>this is the end date for live activities, and the attestation date for Enduring Materials; RSS, please use submittal date</i>)	Required
creditsearned	1.00, 1.25, etc in quarter hours (do not leave blank)**	Required
PHYS or NONPHYS	Enter PHYS for physicians, enter NONPHYS for nonphysicians (this determines the certificate type)	Required

Please note that we use the PHYS/NONPHYS column to determine whether the person will receive a certificate of credit (physicians) or a certificate of attendance (non-physicians). It is extremely important that that column be filled out accurately.

Per the AMA rules, a physician is defined as an individual with an MD, DO or equivalent international degree (MBBS, MBBSCH or other international equivalent) only.

** Credits earned are the amount of credits to be awarded to the individual. Do not leave this column blank – please note a 0 in that column if the person is not to get credit for the activity (did not pass post test, did not attest, did not return a self-report form, etc).

Please contact CMETechsupport@jhmi.edu if you have questions.