

## 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)	<b>Required (if any)</b>
coursecode	CME meeting code, (see coordinator if not known)	<b>Required</b>
lastname	Participant last name, (do not include suffix)	<b>Required</b>
firstname	Participant first name, (do not include prefix or middle initial)	<b>Required</b>
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)	<b>Not required; leave blank if not needed</b>
city	City	<i>Required if no email address</i>
state	State, two letter United State mailing code (MD, NY, PA, etc - <b>leave blank for Non US addresses</b> )	<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 <b>US phone numbers only</b>	
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> )	<b>Required</b>
creditsearned	1.00, 1.25, etc in quarter hours (do not leave blank)**	<b>Required</b>
PHYS or NONPHYS	Enter <b>PHYS</b> for physicians, enter <b>NONPHYS</b> for nonphysicians (this determines the certificate type)	<b>Required</b>

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](mailto:CMETechsupport@jhmi.edu) if you have questions.