

## Course Director Agreement

To be completed by the Course Director

As Course Director, I have an obligation to support my continuing medical education (CME) event to meet the objectives of division-wide CME, which include building peer reputation, supporting the provider community with relevant educational events, providing an opportunity for external marketing, and strategically increasing referrals.

Course Title: \_\_\_\_\_

As the course director, I understand and acknowledge the following:

- I will complete the New Course Questionnaire prior to the commencement of course planning.
- I will provide a course agenda, faculty list and contact information, educational needs assessment and potential commercial sponsor contacts to the Office of Continuing Medical Education (OCME) Program Director according to the agreed upon event timeline.
- I will work closely with the Program Director and OCME staff throughout the planning and delivery of the program including monthly planning meetings.
- I acknowledge that all program expenses will be subject to a 15% G&A (overhead) charge by the Duke School of Medicine and that fee is non-refundable.
- I acknowledge that a 15% Program Management fee will be charged on all program revenue generated to cover the effort provided by the Duke Surgery OCME and that fee is non-refundable.
- I acknowledge that if the program is cancelled due to lack of funding, that 50% of the OCME team's effort will be charged to the program for planning work completed.
- I acknowledge that after financial reconciliation is completed, any residuals will go back to the program code for the course directors to use at their discretion on a future educational event and will provide the fund code on the new course questionnaire.
- I acknowledge that as a Course Director, I am financially responsible for any deficit incurred at the end of the course which will be charged to the fund code provided.
- I acknowledge that my program will be reviewed to determine financial viability and that if the program is deemed insufficient to meet the overall division-wide objectives, the program may or may not be repeated in the future.

Course Director Name: \_\_\_\_\_

Course Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director, Duke Surgery OCME, Susan Charamut

Signature: \_\_\_\_\_ Date: \_\_\_\_\_