Orlando Health Institute for Learning Speaker Packet for Continuing Education

Title of Educational Activity:	Date of Activity:
Title of Presentation:	
Completed Speaker Packet & CV Submission Deadline:	
Rough Draft Presentation Deadline:	
Statement of Understanding	
Completion of the line below serves as the electronic signat Biographical/Conflict of Interest Form and attests to the acc	
Completed By (Name and Credentials):	Date:
Biographic Data	
Name:	
Credentials: \square MD \square DO \square PhD \square DNP \square \square Other	$PA \square MSN \square APRN \square BSN \square PharmD$
Phone Number: Email	Address:
\Box A current CV will accompany this form to demonstrate this activity.	my qualifications to participate as a planner/speaker in
Role in Educational Activity	
Select your role in educational activity listed above (<u>check a</u> Activity Director * Planning Committee Faculty/Presenter/Author	<u>all that apply</u>):

□ Expert/Reviewer

 \Box Other

*The Activity Director is responsible for ensuring adherence to ACCME accreditation criteria for AMA PRA Category 1 CredifTM.



OBJECTIVES Click on link below for guidelines for writing learning objectives <u>https://tinyurl.com/y6xmc7mk</u> (Based on Learning Outcomes)	CONTENT (Topics)	TIME FRAME (if live)
What the learner will know or be able to do as a result of engaging in the learning activity	Provide an outline of the content (may be in bullet format)	Approximate time required for content
List the evidence-based references used for developing this educational activity:		



Financial Relationships and Conflicts of Interest

Individuals need to disclose relationships with a commercial interest* if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of educational activities about the products or services of that commercial interest (including, but not limited to, planning committee members, presenters, authors, content reviewers and their spouse/partners).

An individual who refuses to disclose relevant financial relationships will be disqualified and cannot have control of the development, management, presentation or evaluation of the activity.

Financial relationships create actual conflicts of interest in educational activities when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of the activity about the products or services of that commercial interest.

The CPD Representative/Nurse Planner/Activity Director are responsible for identifying and resolving all conflicts of interest during the planning phase of the activity. If the CPD Respresentative/Nurse Planner/Activity Director has a potential conflict of interest, he/she can recuse themselves from their role and another individual with no conflict of interest may be chosen instead.

*Reference: Accreditation Council for Continuing Medical Education Standards for Commercial Support: Standards to Ensure the Independence of CME Activities, 2014 (www.accme.org).

Disclosure Form

I (spouse/partner) have had a financial relationship within the past 12 months with a commercial interest that produces, markets, resells, or distributes health_care goods or services consumed by, or used on, patients, and those goods or services will be discussed in this activity.

\Box YES (If yes, please complete table below.) \Box NO

Name of Commercial Interest	Nature of Relationship	Party with Relationship
	□ Salary □ Consultant □ Speaker's Bureau □ Stock □ Royalty □ Contracted Research □ Ownership □ Other	□ Self □ Spouse/Partner
	□ Salary □ Consultant □ Speaker's Bureau □ Stock □ Royalty □ Contracted Research □ Ownership □ Other	□ Self □ Spouse/Partner
	□ Salary □ Consultant □ Speaker's Bureau □ Stock □ Royalty □ Contracted Research □ Ownership □ Other	□ Self □ Spouse/Partner
	□ Salary □ Consultant □ Speaker's Bureau □ Stock □ Royalty □ Contracted Research □ Ownership □ Other	□ Self □ Spouse/Partner
	□ Salary □ Consultant □ Speaker's Bureau □ Stock □ Royalty □ Contracted Research □ Ownership □ Other	□ Self □ Spouse/Partner
	□ Salary □ Consultant □ Speaker's Bureau □ Stock □ Royalty □ Contracted Research □ Ownership □ Other	□ Self □ Spouse/Partner

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This section to be completed by Orlando Health Institute for Learning CPD Representative only

Resolution of Conflict of Interest

 \Box No conflict of interest exists

The conflicts of interest have been resolved in the following way(s) (check all that apply):

- \Box Peer review of slides
- \Box Change their financial relationship
- \Box The role or function of the person with the conflict of interest was altered
- \Box The focus of the presentation was changed
- \Box Another Activity Director/Speaker was chosen in the stead of the individual with the perceived conflict of interest
- \Box Contact hours for a portion of the educational activity was not awarded

□ Other: _____



Osteoporosis management for degenerative spinal pathologies

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