

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 signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given below.

Completed By (Name and Credentials): _____ Date: _____

Biographic Data

Name: _____

Credentials: ☐ MD ☐ DO ☐ PhD ☐ DNP ☐ PA ☐ MSN ☐ APRN ☐ BSN ☐ PharmD
☐ Other _____

Phone Number: _____ Email Address: _____

☐ A current CV will accompany this form to demonstrate my qualifications to participate as a planner/speaker in this activity.

Role in Educational Activity

Select your role in educational activity listed above (check all that apply):

- ☐ Activity Director *
- ☐ Planning Committee
- ☐ Faculty/Presenter/Author
- ☐ Expert/Reviewer
- ☐ Other _____

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

OBJECTIVES Click on link below for guidelines for writing learning objectives https://tinyurl.com/y6xmc7mk (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 Representative/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.

☐ **YES** (If yes, please complete table below.) ☐ **NO**

Name of Commercial Interest	Nature of Relationship	Party with Relationship
	<input type="checkbox"/> Salary <input type="checkbox"/> Consultant <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Stock <input type="checkbox"/> Royalty <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership <input type="checkbox"/> Other_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner
	<input type="checkbox"/> Salary <input type="checkbox"/> Consultant <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Stock <input type="checkbox"/> Royalty <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership <input type="checkbox"/> Other_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner
	<input type="checkbox"/> Salary <input type="checkbox"/> Consultant <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Stock <input type="checkbox"/> Royalty <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership <input type="checkbox"/> Other_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner
	<input type="checkbox"/> Salary <input type="checkbox"/> Consultant <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Stock <input type="checkbox"/> Royalty <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership <input type="checkbox"/> Other_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner
	<input type="checkbox"/> Salary <input type="checkbox"/> Consultant <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Stock <input type="checkbox"/> Royalty <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership <input type="checkbox"/> Other_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner
	<input type="checkbox"/> Salary <input type="checkbox"/> Consultant <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Stock <input type="checkbox"/> Royalty <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership <input type="checkbox"/> Other_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner

-STOP-

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

Resolution of Conflict of Interest

☐ No conflict of interest exists

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

☐ Peer review of slides

☐ Change their financial relationship

☐ The role or function of the person with the conflict of interest was altered

☐ The focus of the presentation was changed

☐ Another Activity Director/Speaker was chosen in the stead of the individual with the perceived conflict of interest

☐ Contact hours for a portion of the educational activity was not awarded

☐ Other: _____