

ORLANDO HEALTH®

Please complete the packet below and return it to _____ by _____

Submit rough draft presentation to _____ by _____

Title of Activity: PAMA Scientific Conference Date of Activity: Sept 2-3, 2023

Name of Individual: Lina M. Vargas Abello Credentials: MD, FACS, RPPV

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

Individual's prospective role(s) in education (check all that apply)

- ☐ Activity Director*
 ☐ Nurse Planner**
 ☐ Planner
 ☒ Teacher/Instructor
 ☐ Author/Writer
 ☐ Content Expert
 ☐ Content Reviewer***
 ☐ Other: _____

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

** Must have an unrestricted nursing license and a minimum of a baccalaureate degree in nursing.

***Used to review and validate content after planning (not a member of the planning committee)

Our Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at cme@orlandohealth.com.

To be Completed by Planner, Faculty, or Others Who May Control Educational Content:

OBJECTIVES

Click on link below for guidelines for writing learning objectives
[Bloom's Taxonomy Revised | CNM](#)

What the learner will know or be able to do as a result of engaging in the learning activity

1. Distinguish different non-thermal methods to treat superficial venous insufficiency.
2. Identify patients who may benefit from non-thermal venous insufficiency
3. Describe main differences between thermal & non-thermal treatment options

List the complete evidence-based references used for developing this educational activity

Authors	* Year of publication	Name of journal article/chapter of book	Name of journal/book	Volume/issue (if journal article)	Page number(s)	Weblink
See attachment						

* within last 5 years

ORLANDO HEALTH®

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below).

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose **all** financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

The topic of this presentation is not clinical in nature (i.e., leadership, communication, etc.) and financial relationships with ineligible companies will not be relevant.

In the past 24 months, I have not had any financial relationships with any ineligible companies.

In the past 24 months, I have had financial relationships with the ineligible companies listed below:

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
Company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients. Specific examples of ineligible companies visit: www.accme.org/standards	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Company	Consultant	X
Scientific	Speaker	
	Speaker	

I agree to disclose any discussion of off-label product use prior to my presentation.

I certify that the above information is correct as of this date of submission.

Signature: Uhl - MD, FACS, RSVI

Date: 8/3/2021