****

**Continuing Education Application**

Thank you for your interest in obtaining AACVPR continuing education credits (CEC) for your program. Programs considered for AACVPR CEC are educational courses, offering content designed to enhance the cardiovascular and pulmonary professional’s knowledge, judgment, and skills.

**Please complete all sections of the following application form and submit it, electronically, to AACVPR Staff at:** **education@aacvpr.org**

**Application Submission Windows**

|  |  |
| --- | --- |
| Event Window | Application Submission Deadline |
| January - February | First Monday in December |
| March - April | Second Monday in February |
| May - June | Second Monday in April |
| July - August | Second Monday in June |
| September - October | Second Monday in August |
| November - December | Second Monday in October |

*For example, if your conference will be on May 27, please submit your application before the second Monday in April deadline. Your application will be reviewed over the 10 business days following the deadline.*

**Application Fees**

|  |  |  |  |
| --- | --- | --- | --- |
| CE Credit Hours | AACVPR Joint Affiliate | AACVPR Affiliate | Non-Affiliate Organization |
| 1 - 3 | $25 | $50 | $75 |
| 4 - 7 | $90 | $125 | $225 |
| 8 - 14 | $150 | $225 | $425 |
| 15+ | $200 | $275 | $600 |

**Payment:** \**CE Certificate templates for your event attendees will* ***not*** *be emailed to the primary contact person until payment is received.*

[ ]  **Check**

Please send check payments, made out to “AACVPR”, to the following address and indicate your organization’s name in the check’s memo line to ensure accurate processing:

**AACVPR**

**8556 Solutions Center**

**Chicago, IL 60677-8005**

[ ]  **Credit Card**

Please indicate your payment preference in your submission email to receive payment instructions.

**Verification of Participation and Successful Completion**

Upon receipt and approval of this educational program, AACVPR will email the primary contact person, identified above, the AACVPR certificate template. It is the primary contact person’s responsibility to print the approved program-specific certificate of completion for registered attendees, at the conclusion of the event.

Programs are reviewed by the American Association of Cardiovascular and Pulmonary Rehabilitation Education Committee. AACVPR credit may be accepted by various licensing agencies. While programs may be pre-approved for CE credit in a given state, please check with the licensing body in your state. AACVPR is not responsible for monitoring licensing requirements on a state-by-state basis.

We look forward to reviewing your program. If you have any questions or need assistance, please contact AACVPR Staff at: **education@aacvpr.org**

**Guidelines for Continuing Education Activities**

**AACVPR Continuing Education (CE) Accreditation**

The American Association for Cardiovascular and Pulmonary Rehabilitation recognizes that continuing education is an important process towards the improvement of quality patient care, prevention, rehabilitation, research and disease management. As such, AACVPR is committed to ensuring that organizations seeking accreditation demonstrate the capability to plan, present, and evaluate quality CE for cardiovascular and pulmonary physicians, nurses, exercise physiologists, physical therapists, behavioral scientists, respiratory therapists, dieticians, and nutritionists.

**Definition of Continuing Education**

​​CE consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that cardiovascular and pulmonary physicians, nurses, exercise physiologists, physical therapists, behavioral scientists, respiratory therapists, dieticians, and nutritionists use to provide services for patients, the public, or the profession. CE represents that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. Courses eligible for CE include those that:

* Implement multi-level educational products developed on an established set of criteria based on experience and/or education needs to facilitate a lifetime of learning.
* Provide open access to multi-disciplinary education and embrace the core competencies necessary for success in all member segments.
* Deliver consistent, current and accurate education.
* Inspire a desire for continued learning that produces dedicated, competent and qualified practitioners in the field of cardio and pulmonary rehabilitation and prevention.
* Feature didactic sessions or workshops, an opportunity for questions and answers, and informative handouts. If in a distance education format, students should have the opportunity to seek clarification on questions in an interactive format.
* Content must be directly relevant to the professional knowledge and skills of graduate- level professionals. The content must enhance the knowledge, skills, and abilities, beyond the basic level, while being mindful of the need to periodically relearn, refresh, or update basic competencies or to adapt them to new practice situations or settings.

**Glossary of Key Terms**

* ​​**Contact Hour**: one contact hour = one 60-minute clock hour of interaction between learner and instructor or between learner and materials which have been prepared to bring about learning.
* **Learning Objective**: statements that define the expected goal of a curriculum, course, lesson or activity in terms of demonstrable skills or knowledge that will be acquired by a participant as a result of instruction. Measurable action verbs should be used to describe learner outcomes (e.g. apply, explain, identify, recognize, assess, illustrate, examine, review) *Note*: “understand” is not a measurable term.

**Guidelines for Conflicts of Interest (COI)**

* AACVPR follows the Accreditation Council for Continuing Medical Education (ACCME) standards for integrity and independence in continuing education. As noted in the ACCME standards, the educational provider is responsible for identifying relevant financial relationships between individuals in control of educational content and ineligible companies, and managing these to ensure they do not introduce commercial bias into the education.
	+ Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.
	+ Owners or employees of ineligible companies must be excluded from controlling content or participating as planners or faculty in accredited education. “Ineligible companies” are defined by the ACCME as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Learn more about the “ineligible company” definition [here](https://www.accme.org/faq/what-accmes-definition-ineligible-company).
	+ Education provider must be able to show that everyone (including the planners themselves) who is in a position to control the content of an activity has disclosed all relevant financial relationships with ineligible companies.
* An individual who refuses to disclose relevant financial relationships will be disqualified from participation in the event as a planning committee member, a teacher, or presenter.
* All presenters must disclose to learners any relevant financial relationship(s) and include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest. If there are no relevant financial relationships to report, the presenter may list “no relevant disclosures.”
* “Disclosure” must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.
* It is the responsibility of the Program Planning Committee to ensure that all speakers and presenters are made aware of the rules and regulations regarding conflict of interest.

**Determining Qualifications for Presenters**

The Planning Committee Members are responsible for determining each presenter’s qualifications and competence to deliver the material. Determining factors of qualifications include, but are not limited to: relevant education experience and/or credentialing, teaching and/or clinical experience, publications, and references. AACVPR will not collect CVs from individual presenters; however, Planning Committee Members should keep documentation of presenter qualifications for audit purposes. AACVPR considers qualified presenters to be individuals who:

* Are competent in the subject matter;
* Are credentialed/trained in the learning program’s purpose and learning outcomes or are trained in facilitating the event; and
* Have demonstrated knowledge and skill in instructional methods and learning processes

**Determining Content Eligible for CEU Credit**

|  |  |  |
| --- | --- | --- |
| **Type of Session/Activity** | **Clinical/ Scientific Content** | **CE****Eligible** |
| Introductions/Welcome/Opening remarks | No | No |
| Presidential address | **Yes** | **Yes** |
| No | No |
| Poster/abstract session | **Yes** | **Yes** |
| Business meeting | No | No |
| State of the organization address | No | No |
| Open forum with expert discussion | **Yes** | **Yes** |
| Plenary session, workshop or practice-based symposium | **Yes** | **Yes** |
| Breaks | No | No |
| Meals  | *without* speaker, facilitated group discussion on assigned topic | No | No |
| *with* speaker, facilitated small group discussion | **Yes** | **Yes** |
| Wrap up/closing remarks | No | No |

Examples of clinical/scientific content:

* Individualized treatment plan
* Program certification
* Value-Based Care

**Activity Information**

 *(Brochures, flyers, or other promotional materials may be submitted in addition to the application)*

|  |  |
| --- | --- |
| CE Application Date:  | *(must be at least 60 days prior to event/program for consideration)*Click or tap here to enter text. |
| Program Information |
| Title: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |
| Location: | Click or tap here to enter text. |
| Type: *(check all that apply)* | [ ]  Lecture [ ]  Video [ ]  Panel [ ]  Workshop[ ]  Other; describe: Click or tap here to enter text. |
| Total contact hours requested:*(60 minutes of instruction = 1 contact hour)* | Contact Hours: Click or tap here to enter text. |
| Will partial credit be offered? *(can attendees obtain credit for attending only a portion of your program?)*  | [ ] Yes, partial contact hours:Click or tap here to enter text. [ ]  No |

**Host Information**

|  |  |
| --- | --- |
| Host Organization/Chapter: | Click or tap here to enter text. |
| Primary Contact Person |
| Name: | Click or tap here to enter text. |
| Position/Title/Credentials: | Click or tap here to enter text. |
| Contact Address: | Click or tap here to enter text. |
| Contact Phone: | Click or tap here to enter text. |
| Contact Email Address: | Click or tap here to enter text. |

**Planning Committee Members**

*Each Planning committee member must complete the Financial Relationship Potential Conflict of Interest Form.*  ***Initial acknowledgement:*** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Planning Committee Members***\*Name AND credentials* | **AACVPR Member** | **AACVPR Fellow** | **COI Completed** |
| Click or tap here to enter text. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Click or tap here to enter text. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Click or tap here to enter text. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Click or tap here to enter text. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Click or tap here to enter text. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Click or tap here to enter text. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**Program Content** **Learning Objectives/Goals**

*(A brochure/flyer/promotional material may be included in addition to the application with all of the following data)*

The learning objectives/goals must be clearly stated and support the educational mission of AACVPR to provide high quality learning opportunities designed to enhance the cardiovascular and pulmonary professional’s knowledge, judgment and skills.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objectives** | **Content Outline** | **Speaker(s)** | **Duration** | **Teaching Strategies** | **CE Credit** |
| *Use measurable action verbs to describe learner outcomes* *(e.g. apply, explain, identify, recognize, assess, illustrate, examine, review)* ***Note: “Understand” is not a measurable term.*** | *List all points to be addressed for each objective* | *The speaker(s) responsible for each objective* | *Allotted time for each objective* | *The learning method(s) for each objective* | *To qualify must have clinical / scientific content* |
| ***SAMPLE OBJECTIVES*****Title: Value Based Care** **Objectives:**Attendees will be able to:* Explain the value based care objectives
* Apply and implement specific concepts regarding value based care in their clinical practice.
* Recognize the importance of value based care for the future of cardiopulmonary and supervised exercise therapy

  | ***SAMPLE OUTLINE*****Content Outline:**1. Define Value Based Care
2. Why is Value Based Care important
3. How to implement Value Based Care principles into your rehab program
 | ***SAMPLE SPEAKER*Speaker(s):**Dr. Robert Jones  | ***SAMPLE*Duration:**60 min | **Teaching Strategies:**[x]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | ***SAMPLE CREDIT*CE Credit:**[x]  Yes[ ]  NoContact Hours: 1 |
| ***SAMPLE OBJECTIVES*Title: Mindful Eating****Objectives:**Attendees will be able to:* Define mindful eating
* Identify tools and exercises to practice mindful eating
* Apply the principles of mindful eating to the cardiopulmonary rehab patient population

  | ***SAMPLE OUTLINE*Content Outline:**1. Define Mindful Eating
2. Describe tools and exercises to practice mindful eating
3. How to implement mindful eating with rehab participants
 | ***SAMPLE SPEAKER*Speaker(s):**Sara Brown  | ***SAMPLE*****Duration:**45 min | **Teaching Strategies:**[x]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | ***SAMPLE CREDIT*CE Credit:**[x]  Yes[ ]  NoContact Hours: 0.75 |
| **Title:** Click or tap here to enter text.**Objectives:**Attendees will be able to:* Click or tap here to enter text.

  | **Content Outline:**1. Click or tap here to enter text.
 | **Speaker(s):**Click or tap here to enter text. | **Duration:**Click or tap here to enter text. min | **Teaching Strategies:**[ ]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | **CE Credit:**[ ]  Yes[ ]  NoContact Hours: Click or tap here to enter text. |
| **Title:** Click or tap here to enter text.**Objectives:**Attendees will be able to:* Click or tap here to enter text.

  | **Content Outline:**1. Click or tap here to enter text.
 | **Speaker(s):**Click or tap here to enter text. | **Duration:**Click or tap here to enter text. min | **Teaching Strategies:**[ ]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | **CE Credit:**[ ]  Yes[ ]  NoContact Hours: Click or tap here to enter text. |
| **Title:** Click or tap here to enter text.**Objectives:**Attendees will be able to:* Click or tap here to enter text.

  | **Content Outline:**1. Click or tap here to enter text.
 | **Speaker(s):**Click or tap here to enter text. | **Duration:**Click or tap here to enter text. min | **Teaching Strategies:**[ ]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | **CE Credit:**[ ]  Yes[ ]  NoContact Hours: Click or tap here to enter text. |
| **Title:** Click or tap here to enter text.**Objectives:**Attendees will be able to:* Click or tap here to enter text.

  | **Content Outline:**1. Click or tap here to enter text.
 | **Speaker(s):**Click or tap here to enter text. | **Duration:**Click or tap here to enter text. min | **Teaching Strategies:**[ ]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | **CE Credit:**[ ]  Yes[ ]  NoContact Hours: Click or tap here to enter text. |
| **Title:** Click or tap here to enter text.**Objectives:**Attendees will be able to:* Click or tap here to enter text.
 | **Content Outline:**1. Click or tap here to enter text.
 | **Speaker(s):**Click or tap here to enter text. | **Duration:**Click or tap here to enter text. min | **Teaching Strategies:**[ ]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | **CE Credit:**[ ]  Yes[ ]  NoContact Hours: Click or tap here to enter text. |
| **Title:** Click or tap here to enter text.**Objectives:**Attendees will be able to:* Click or tap here to enter text.
 | **Content Outline:**1. Click or tap here to enter text.
 | **Speaker(s):**Click or tap here to enter text. | **Duration:**Click or tap here to enter text. min | **Teaching Strategies:**[ ]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | **CE Credit:**[ ]  Yes[ ]  NoContact Hours: Click or tap here to enter text. |
| **Title:** Click or tap here to enter text.**Objectives:**Attendees will be able to:* Click or tap here to enter text.
 | **Content Outline:**1. Click or tap here to enter text.
 | **Speaker(s):**Click or tap here to enter text. | **Duration:**Click or tap here to enter text. min | **Teaching Strategies:**[ ]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | **CE Credit:**[ ]  Yes[ ]  NoContact Hours: Click or tap here to enter text. |
| **Title:** Click or tap here to enter text.**Objectives:**Attendees will be able to:* Click or tap here to enter text.
 | **Content Outline:**1. Click or tap here to enter text.
 | **Speaker(s):**Click or tap here to enter text. | **Duration:**Click or tap here to enter text. min | **Teaching Strategies:**[ ]  PowerPoint[ ]  Case Study[ ]  Poster/Abstract Session[ ]  Open forum w/expert[ ]  Plenary Session[ ]  Workshop[ ]  Practice-Based Symposium[ ]  Other: Click or tap here to enter text. | **CE Credit:**[ ]  Yes[ ]  NoContact Hours: Click or tap here to enter text. |

*If applicable, copy and paste the content information row as many times as is necessary to represent all scheduled topics.*

**Speakers/Content Specialists**

Must complete for ***each*** speaker. ***(Resumes and CVs will not be accepted)***

*Each speaker must complete the Financial Relationship Potential Conflict of Interest Form (COI).*

***Initial acknowledgement:*** Click or tap here to enter text.

|  |
| --- |
| **Speaker 1** |
| Name and Credentials: | Click or tap here to enter text. |
| Position/Title: | Click or tap here to enter text. |
| Company/Institution: | Click or tap here to enter text. |
| Preferred phone: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| COI Completed | [ ] Yes [ ]  No | Conflict of Interest? | [ ] Yes [ ]  No | Conflict Resolution Form Completed? | [ ] Yes [ ]  No |

|  |
| --- |
| **Speaker 2** |
| Name and Credentials: | Click or tap here to enter text. |
| Position/Title: | Click or tap here to enter text. |
| Company/Institution: | Click or tap here to enter text. |
| Preferred phone: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| COI Completed | [ ] Yes [ ]  No | Conflict of Interest? | [ ] Yes [ ]  No | Conflict Resolution Form Completed? | [ ] Yes [ ]  No |

|  |
| --- |
| **Speaker 3** |
| Name and Credentials: |  |
| Position/Title: |  |
| Company/Institution: |  |
| Preferred phone: |  |
| Email Address: |  |
| COI Completed | [ ] Yes [ ]  No | Conflict of Interest? | [ ] Yes [ ]  No | Conflict Resolution Form Completed? | [ ] Yes [ ]  No |

|  |
| --- |
| **Speaker 4** |
| Name and Credentials: |  |
| Position/Title: |  |
| Company/Institution: |  |
| Preferred phone: |  |
| Email Address: |  |
| COI Completed | [ ] Yes [ ]  No | Conflict of Interest? | [ ] Yes [ ]  No | Conflict Resolution Form Completed? | [ ] Yes [ ]  No |

|  |
| --- |
| **Speaker 5** |
| Name and Credentials: |  |
| Position/Title: |  |
| Company/Institution: |  |
| Preferred phone: |  |
| Email Address: |  |
| COI Completed | [ ] Yes [ ]  No | Conflict of Interest? | [ ] Yes [ ]  No | Conflict Resolution Form Completed? | [ ] Yes [ ]  No |

|  |
| --- |
| **Speaker 6** |
| Name and Credentials: |  |
| Position/Title: |  |
| Company/Institution: |  |
| Preferred phone: |  |
| Email Address: |  |
| COI Completed | [ ] Yes [ ]  No | Conflict of Interest? | [ ] Yes [ ]  No | Conflict Resolution Form Completed? | [ ] Yes [ ]  No |

*If applicable, copy and paste the speaker information table as many times as is necessary to represent all scheduled speakers.*

**Speakers/Content Specialists Qualifications**

AACVPR maintains a standard of excellence for presenters. The program must be educationally focused, non-competitive, exclude pricing issues and be presented without commercial bias. The speaker may not use the program for a commercial sales pitch, self-promotion or unwarranted criticism of a competitor. Professional demeanor is expected at all times. Presenters should not intentionally or otherwise violate, infringe, or impede the legal or equitable right of any person, firm, corporation or organization, including copyrights and trademark rights, rights of privacy, or through the use of another’s confidential business information.The speaker represents and warrants that he/she owns all rights, title and interest to all content contained in the presentation, or has otherwise obtained all necessary licenses from third parties for intellectual property incorporated into the presentation which allows the speaker to use such property.

|  |
| --- |
| The manner in which the program planning team ensured the selected presenters/content specialists met the qualifications is by: ***(check all that apply)*** |
| [ ]  Recommendation |
| [ ]  Review of Biographical data/CV/Resume |
| [ ]  Review of literature authored by presenters/contact specialists |
| [ ]  Other, describe: Click or tap here to enter text. |

**Advertising and Promotional Material**

Advertising/promotional material is any method of communication announcing the educational event. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, email or website notice. Any advertising/promotional material may be submitted to complement your application or in lieu of inserting the information in the application form. If submitting in lieu of filling out the application, please be sure all required information is provided in your material to avoid delayed approval.

|  |
| --- |
| Hard copy of Advertising/Promotional Material submitted: |
| [ ]  Flyer/brochure |
| [ ]  Memo/letter |
| [ ]  Email |
| [ ]  Website |
| [ ]  Other, describe: Click or tap here to enter text. |

**Financial Relationship Potential Conflict of Interest Form**

***(to be completed by all speaker(s) and planner(s))***

**Section I: Demographic Data**

[ ]  Planners

[ ]  Faculty/Presenters/Authors/content reviewer

Name: Click or tap here to enter text.

Degrees & Credentials: Click or tap here to enter text.

 *If RN, nursing degree(s):* [ ]  AD [ ]  Diploma [ ]  BSN [ ]  Masters [ ]  PhD

Present Position (Title): Click or tap here to enter text.

Employer: Click or tap here to enter text.

Address (Home **OR** Business): Click or tap here to enter text. City:Click or tap here to enter text. State:Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Day Telephone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

**Section II: Expertise:**

[ ]  Planners: Describe your familiarity with the target audience: Click or tap here to enter text.

[ ]  Faculty/Presenters/Authors: Describe your expertise in this topic: Click or tap here to enter text.

**Section III: Conflict of Interest**

All individuals who have the ability to control or influence the content of an educational activity must disclose all relevant relationships within the past 24 months with any commercial interest.

* Relevant relationships are relationships with a commercial interest if the products and services of the commercial interest are related to the content of the educational activity
* Commercial interest is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

**Is there a potential conflict of interest for you or your spouse/partner?** [ ]  Yes [ ]  No

 If yes, list company(ies) with relationship:

If yes, complete Section IV: Conflict of Interest Resolution (following page)

|  |  |  |
| --- | --- | --- |
| **Check all that apply** | **Category** | **Name of Commercial Interest and description of relationship** |
|[ ]  Salary | Click or tap here to enter text. |
|[ ]  Royalty | Click or tap here to enter text. |
|[ ]  Stock | Click or tap here to enter text. |
|[ ]  Speakers Bureau | Click or tap here to enter text. |
|[ ]  Consultant | Click or tap here to enter text. |
|[ ]  Other | Click or tap here to enter text. |

Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

[ ]  **By checking this box, I am approving my electronic signature appearing above and approving all the information entered on this form.**

**Conflict of Interest Resolution**

*(To be completed by PLANNING COMMITTEE MEMBER for the corresponding Presenter)*

**Section IV: Conflict of Interest Resolution**

(complete for all persons *with* potential conflicts of interest)

Name *(person with potential conflict of interes*t): Click or tap here to enter text.

**Check procedures used to resolve conflict of interest or potential bias if applicable for this activity**

[ ]  Removed individual with conflict of interest from participating in all parts of the educational activity.

[ ]  Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity

[ ]  Not awarding contact hours for a portion or all of the educational activity.

 Specify portion(s): Click or tap here to enter text.

[ ]  Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

[ ]  Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

[ ]  Other - Describe: Click or tap here to enter text.

Completed By: Click or tap here to enter text. Date: Click or tap here to enter text.

 (Name and Credentials)

[ ]  **By checking this box, I am approving my electronic signature appearing above.**