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| **Co-Presenter Bio/Disclosure Form**  Presenter Information is required for each presenter, co-presenter, panel member, discussion leader, etc. If a presenter is speaking more than once, this information must be submitted for each program. **\*** - required information | |
| **\* Program Title:** |  |
| **\* First Name:** |  |
| **\* Last Name:** |  |
| **\* Degree(s)** (as you would list them following your name – i.e., MPH, BSN)**:** |  |
| **\* Position Title:** |  |
| **\* Current Position Description:** |  |
| **\* Institution/Employer:** |  |
| **\* Address 1:** |  |
| **Address 2:** |  |
| **\* City:** |  |
| **\* State:** |  |
| **\* Zip:** |  |
| **Telephone:** |  |
| **\* Email:** |  |
| **\* Describe your training or experience that establishes your expertise on the proposed topic.** |  |
| **List your publications that are most relevant to the proposed topic** (up to 10). |  |
| **List any academic appointments.** |  |
| **Describe your involvement in relevant professional organizations.** |  |
| **List any awards/honors received.** |  |

(cont.)

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| All faculty/presenters/authors are required to disclose any and all potential conflict(s) of interest for themselves and/or their spouse/partner (owner or sole proprietor, speakers’ bureau, grant/research support, major stock shareholder, employee/paid consultant, etc.). All disclosures that are determined by the Program Coordinator to be relevant relationships will be shared with the participants/learners in meeting materials and prior to the start of an educational activity. | | |
| **\* Will the content of your material(s)/presentation(s) in the CE activity include discussions of unapproved or investigational uses of products or devices?** | | \_\_ No  \_\_ Yes (specify all off-label or investigational use): |
| **\* Do you and/or your spouse/partner have a financial interest, arrangement, or affiliation with any organization or business entity (including self-employment and sole proprietorship) that could be perceived as a conflict of interest or a source of bias in the context of this presentation?**  *Relationships must be disclosed during the time when the relationship is in effect and for 12 months afterward.* | | \_\_ Yes (myself) \_\_ Yes (spouse/partner) \_\_No  If yes, enter the name of the organization or business entity next to the type of affiliation below.   * Recipient of honoraria, reimbursement for expenses, or other   financial assistance for this program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Owner/Sole Proprietor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Employee/Consultant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Grant/Research Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Speaker’s Bureau \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Major Stock Shareholder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Royalties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other Financial or Material Support\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *By typing my name below, I am providing it to represent my electronic signature approving all the information entered in this Call for Programs Form. I further attest that all submitted information is accurate. I have identified all potential conflicts of interest and for those conflicts of interest that could bias my presentation, I agree to abide by the resolution of conflict as determined by the Program Coordinator.* | | |
| **Signature:** |  | |
| **Date:** |  | |