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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.**  |  |

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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) \_\_NoIf 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| *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:** |  |