

Speaker Specific Data: Your Needs and Responsibilities

You are responsible to provide the requested information* and accept these terms of your faculty commitment.

A. Presenter's Name and Professional Title as it should appear on website and other promotional materials

*

B. Cellular Phone Number For access while traveling.

*

C. Unbiased, Independent and Consistent with Definition of CME

I agree to uphold academic standards to insure independence and scientific rigor in my role in the development and presentation of this CME and CE activity. To this end my presentation will comply to the following. ___ **Initials**

___ All recommendations for patient care in accredited continuing education must be based on current science, evidence and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

___ All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

___ I will omit company logos and brand names from the educational materials that are part of my CME presentation, such as slides, abstracts and handouts.

D. Presentations for Online Posting

Instead of providing a syllabus, Baptist Health CME provides registered attendees with access to speakers' presentations in PDF format on a *limited access webpage* before and after the symposium. Access will be shared only with attendees and faculty and will be available until _____

Do you agree to have a PDF version of your presentation posted online and made available to attendees? ___ **YES** ___ **NO**

NOTE: We cannot post presentations that are not compliant with laws related to copyright/fair use, HIPAA or PHI.

E. Presentation Guidelines - My presentation will include slides for:

___ **Disclosure** of Relevant Financial Relationships ___ **Learning Objectives**,

___ **Summary**: Key Learning Points with References ___ **Citations and References** (evidence-based, peer-reviewed)

F. HIPAA & PHI ([Protected Health Information](#)) Laws

I take responsibility for compliance with HIPAA Privacy requirements and applicable state and United States federal laws protecting confidentiality and security of PHI and safeguarding PHI.

___ I have removed all **Personal Health Information** (PHI) or de-identified images used in my materials including photographs as well as dates of patient care or birth dates (typically found in the margins of clinical images).

___ When presenting specific patient cases or case histories, I warrant that I have obtained HIPAA compliant authorization for any PHI in my presentation materials.

___ If my presentation will contain patient identifiers, it is my responsibility to obtain consent from my patients for use of their PHI, including photographic images. ___ **Initials**

G. Copyright/[Fair Use](#) Laws

I verify that I have obtained permission from copyright holder(s) to reproduce/copy from their work. I acknowledge that Baptist Health South Florida (BHSF) will not be held legally responsible for any misrepresentation on my part regarding copyright infringement. ___ **Initials**

H. Unlabeled / Unapproved Use *

Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.

I agree to disclose to the audience if my presentation/discussion includes information about a product not labeled by the FDA for the use under discussion or that is still investigational. My presentation: (*check one*)

___ **DOES** ___ **DOES NOT** include discussion of an unlabeled use of a commercial product or an investigational use not yet approved for any purpose.

I. Format/Technical Support *

___ My presentation **WILL NOT** include video and/or audio.

___ My presentation **WILL** include videos and/or audio portions in the slides. I will need access to:

___ Internet Access ___ YouTube ___ Other _____ ___ None-Video plays directly from laptop.

J. Equipment*

___ I will use the PC laptop provided at the conference.

___ I will bring my own laptop, which is a ___ PC ___ MAC **NOTE TO MAC USERS: Baptist Health DOES NOT provide or support MAC computers. Therefore, MAC users must bring their own computer, adapter cables and accessories.**

Baptist Health South Florida, an ACCME accredited CME provider, operates within the framework of the Standards for Integrity and Independence in Accredited Continuing Education to insure balance, independence, objectivity and scientific rigor in all of its CME activities. Anyone engaged in content development, planning, review or presentation is obliged to complete this form. *The ACCME 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.*

Faculty Name:

CME Activity Title & Date:

All Financial Relationships

- Circumstances create a conflict of interest when an individual has an opportunity to influence or control CME content about products or services of an ineligible company with which he/she has a financial relationship.
- The ACCME defines an “[ineligible company](#)” as any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
- ACCME requires that faculty disclose **all financial relationships** that you have had in the past 24 months with ineligible companies.

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. **NOTICE:** Please do not disclose actual financial value of affiliations. Diversified mutual funds are not included in the definition of "commercial interest".

<u>Role / Affiliation / Financial Interest</u>	<u>Name of Company(ies)</u>	Has the Relationship Ended? <small>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. <i>Please confirm name of the company.</i></small>
Employee		
Researcher (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.)		
Consultant		
Advisor		
Speaker		
Independent Contractor (including contracted research)		
Royalties or Patent Beneficiary		
Executive Role		
Ownership		
Individual Stocks/ Stocks Option		
Other		

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

ATTESTATION

I attest that the information provided above and on the previous pages is true and correct as of this date of submission, and that I have read and agree to all the Terms of this Faculty Invitation as stated and described herein.

Signature

Date