



2017 ACDIS Conference Speaker Application

Join us on the podium at the 2017 ACDIS Conference!

May 9 - 12, 2017

MGM Grand
Las Vegas, NV

Please review our suggested sessions, or submit an original idea of your own.
Complete all fields below.

Only one speaker for each session should complete this form. DO NOT have a proxy complete it for you. There are required disclosures that each speaker must answer/sign on their own. If a speaker wishes to apply for multiple sessions, the speaker will need to submit a separate form for each one.

Also, if you are planning to have a co-presenter, DO NOT include his/her information here. It will be requested separately at the end of this application.

Please complete your demographic information:

First Name:	<input type="text"/>
Middle Initial: (optional)	<input type="text"/>
Last Name:	<input type="text"/>
Credentials (please include all relevant credentials):	<input type="text"/>
Job Title:	<input type="text"/>
E-mail Address:	<input type="text"/>
Office Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>

Please provide your education information:

Degree:	<input type="text"/>
Institution:	<input type="text"/>
Area of Study:	<input type="text"/>
Degree 2:	<input type="text"/>
Institution 2:	<input type="text"/>
Area of Study 2:	<input type="text"/>
Degree 3:	<input type="text"/>
Institution 3:	<input type="text"/>
Area of Study 3:	<input type="text"/>

Please answer the following questions regarding your potential presentation and background in the CDI field:

Title of Session:

Please list 3 – 5 measurable learning objectives that indicate what the learner/participant will be able to do following the educational session. (i.e. The learner will be able to: describe the most significant changes in the ICD-10 codes)

- Objective 1:
- Objective 2:
- Objective 3:
- Objective 4:
- Objective 5:

Please provide a detailed outline and overview of the content of your suggested 2016 ACDIS session topic including potential teaching strategies that would serve to engage the participants and enhance your presentation (i.e. audience response to posed questions, case study questions, polling questions, pre-test and or post-test, etc.)

Please provide a marketing paragraph/audience benefits of attending your session:

Please specify why you are qualified to speak on your proposed topic:

Please provide a professional bio paragraph (75 - 100 words) that can be used in the marketing for the ACDIS conference if you are chosen as a speaker.

Please list any previous speaking or presentation experience:

Please attach a previous presentation you delivered.

Choose File

Please enter the name, email address, and phone number of a reference for your presentation history/experience, to be contacted if the committee deems it necessary.

Reference Name:

Reference Email Address:

Reference Phone Number:

Please specify whether your topic is intended for a basic, intermediate, or advanced audience.

- Basic
- Intermediate
- Advanced

Please explain why you have rated your session as basic, intermediate, or advanced.

Do you plan to have a co-presenter with this session?

- Yes
- No



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Please provide the name and contact information for your proposed co-presenter(s) (up to 2)

After submission of this form, you will receive an email with a separate link asking your co-presenter to complete the bio and disclosure information that is required for continuing education. Once you receive this, please forward it to your co-presenter and ask them to complete the form as soon as possible.

Co-Presenter 1 Name: _____

Co-Presenter 1 Email: _____

Co-Presenter 2 Name: _____

Co-Presenter 2 Email: _____

Please read HCPPro's Conflict of Interest Policy below and answer the corresponding disclosure questions:

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a commercial interest,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

*Commercial interest, as defined by ANCC/ACCME, 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.

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ACCME/ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Disclosure of Real or Potential Conflict of Interest

Will your presentation include discussion of any commercial products or services?

Yes

No

Do you or your spouse/partner have a significant/relevant financial interest or other relationship with manufacturer(s) of any of the products or provider(s) of any of the services you intend to discuss?

Yes

No

If you answered YES to the previous question, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s) below.

A financial interest that may indicate a real or potential Conflict of Interest may include: Consultant, speaker's bureau, employee, stock holding, salary, owner / president etc.

Commercial Entity 1:	<input type="text"/>
Financial Interest / Relationship 1:	<input type="text"/>
Commercial Entity 2:	<input type="text"/>
Financial Interest / Relationship 2:	<input type="text"/>
Commercial Entity 3:	<input type="text"/>
Financial Interest / Relationship 3:	<input type="text"/>

Will you discuss off-label use of any drugs or products during your presentation?

<input type="radio"/> Yes	<input type="radio"/> No	If yes, please describe:
<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Statement of Understanding/Signature:

Note: This must be signed by the speaker. Do not have a proxy sign for you.

The name below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given above.

Name (Signature):	<input type="text"/>
Date Signed:	<input type="text"/>