



**Polk County Advanced Practice Nurses Association**  
**Your Access to Care**  
[www.pcapna.org](http://www.pcapna.org)

Dear Speaker,

Thank you for agreeing to speak at this year's conference. It is going to be a fantastic year. Attached you will find several forms that need to be completed and turned in as soon as possible. These forms allow us to apply for CEU credit for the conference. Your timeliness is greatly appreciated.

The first 2 pages both need to be fill out. Then on pages 3 and 4 you have the option of completing one or the other.

So please complete page 1, page 2 and either page 3 or 4 and get back to me as soon as possible.

Thank you,  
Michelle Rampersad, ARNP, AOCNP  
PCAPNA Secretary and Conference co-chair

*Please note that all of the forms included in this packet are provided for your convenience. The information requested may be provided in other formats.*



# AMERICAN ACADEMY OF NURSE PRACTITIONERS

## CONTINUING EDUCATION FACULTY/PLANNER BIOGRAPHICAL SKETCH FORM

**\*\*Submit a brief bio-sketch for each presenter or faculty person. The “bio-sketch” should be no more than two pages long. CV and/or resume will NOT be accepted. This form will be used to ensure that the faculty has educational preparation and experience in the related content area.**

NAME: \_\_\_\_\_ DEGREES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

CURRENT TITLE: \_\_\_\_\_ CURRENT POSITION DESCRIPTION: \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

Degree	Institution (Name, City, State)	Major Area of Study	Year Completed

### BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE/EXPERTISE RELATED TO TOPIC:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Obtain/submit disclosure for each faculty person.

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# Continuing Education Faculty Disclosure Form

Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

### DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

I have or an immediate family member has a financial relationship or other affiliation with a proprietary entity producing health care goods or services. Please check the relationship(s). (Check all that apply)

- Research Grants
- Speakers' Bureaus\*
- Ownership
- Consultant for Fee
- Stock/Bond Holdings (excluding mutual funds)
- Employment
- Partnership
- Others (please list) \_\_\_\_\_

Please indicate the names of the organizations with which you have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships please list on separate page:

Organization with which Relationship Exists	Clinical Area Involved
1.	1.
2.	2.
3.	3.
4.	4.

- ❖ Did you participate in company-provided speaker training related to your proposed topic? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - ❖ Did the company provide you with slides of the presentation in which you were trained as a speaker? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - ❖ Did the company pay the travel/lodging/other expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - ❖ Did you receive an honorarium or consulting fee for participating in this training? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - ❖ Have you received any other type of compensation from any company? Please Specify: \_\_\_\_\_ Yes \_\_\_\_\_ No
- 
- ❖ When serving as faculty for the CE Provider, will you use slides provided by a proprietary entity for your presentation/handout materials? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - ❖ Will your topic involve information or data obtained from commercial speaker training? \_\_\_\_\_ Yes \_\_\_\_\_ No

### DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

\_\_\_\_\_ The content of my material(s)/presentation(s) in the CE activity **will not** include discussion of unapproved or investigational uses of products or devices.

\_\_\_\_\_ The content of my material(s)/presentation(s) in the CE activity **will** include discussion of unapproved or investigational uses of products or devices. Verbal disclosure will be made during the presentation.

Please specify off-label or investigational use: \_\_\_\_\_

If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to indentify a replacement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Electronic Signature accepted: Typed signature with date indicates electronic verification of the information provided.)

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## CONTINUING EDUCATION APPLICATION SAMPLE PROGRAM DESCRIPTION FORM (*Sample I*)

*\*This form may be completed, adapted, or used as a guide. Your program announcement may include most of the information required and can be submitted with any missing details written in, if legible. You may use this page OR page 10 – spreadsheet – you do not need to use both.*

### **Program Title:**

**In the space below (use additional sheets, as needed) list the learning objective(s) of your program, the related items of content/ topics, the time allotted for each topic, the presenter(s), and the teaching method(s) to be used. You may adapt this form, as long as the requested information is provided.**

- I. Objectives/Content:** Please list learning objectives and then provide a brief description of the content that will be covered in order to meet the objectives. Please number the objectives.
  
  
  
  
  
  
  
  
  
  
- II. Identify the time allotted for each objective (or specific content items) listed in Section I. Number time blocks to match items listed in the section I, above.**
  
  
  
  
  
  
  
  
  
  
- III. Presenter(s):** List speaker(s) for each objective or content cluster, numbering the speakers to correspond with information provided in the previous sections, if more than one person will present.
  
  
  
  
  
  
  
  
  
  
- IV. Teaching Method(s):** Identify the teaching methods anticipated. Examples would include lecture, question/answer, discussion, demonstration/return demonstration, etc. If methods will vary for specific objectives/content areas, please indicate this using the numbers cited earlier.
  
  
  
  
  
  
  
  
  
  
- V. Specify which content areas are counted towards any pharmacology credit requested.**  
Note that the objectives and content description must support requested pharmacology credit.

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