

APA Speaker Form & Disclosure

Please return this form to **OCE** at psych-events@musc.edu .

Speaker Information <i>Please type or print neatly</i>	
Name and Credentials:	
Title and Affiliation:	
E-Mail Address:	
Street Address:	
Office Phone Number:	
Cell Phone Number or number to reach you on event day:	
Admin. Assistant Name:	
Admin. Assistant E-Mail Address or Phone Number:	
We invite you to attend the entire event. You qualify for CE credit (besides your presentation, which will not count) so long as you sign in and out. Do you plan to attend?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you have any food allergies or physical restrictions that you would like us to know about?	
Diversity Initiative: **Your response to this question is optional	For the purpose of our self-assessment of the inclusion of speakers/faculty who self-identify as belonging to racial/ethnic groups that are Underrepresented in Medicine (URM), do you self-identify into an of the following racial/ethnic groups (select all that apply): <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Hispanic/Latino
Inclusion Initiative: **Your response to this question is optional	For the purpose of our self-assessment of the inclusion of speakers/faculty who self-identify as belonging to groups that are Underrepresented in Medicine (URM), do you self-identify into any of the following groups (select all that apply): <input type="checkbox"/> Gender Identity <input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Religion

Presentation Content

Please type or print neatly

Title of Presentation:	
Instructional Method: * Please check the selection that best applies	<input type="checkbox"/> Workshop: Interactive seminar that typically includes exercises/assessments which exemplify the presented material. <input type="checkbox"/> Lecture/Seminar: presentation given by one or more instructors on a designated topic/issue.
Learning Objectives: * Learning objectives are meant to identify what participants are expected to learn and how participants can apply this knowledge in practice or professional contexts. These objectives must be stated in measurable terms.	Please provide 2 or 3 learning objectives. At the completion of this session, the participant should be able to:
Program Criterion: * Please check the selection that best applies	The content of my presentation: <input type="checkbox"/> focuses on application of psychological assessment and/or intervention methods that have overall consistent and credible empirical support in the contemporary peer reviewed scientific literature beyond those publications and other types of communications devoted primarily to the promotion of the approach <input type="checkbox"/> focuses on ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychological practice, education, or research <input type="checkbox"/> focuses on topics related to psychological practice, education, or research other than application of psychological assessment and/or intervention methods that are supported by contemporary scholarship grounded in established research procedures

Presentation Content (continued)

Please type or print neatly

Provide an outline or short summary of the content in the presentation.

Please list 2-3 current (e.g., within the past 10 years) relevant references in APA format:

I understand that I am required to present accurate, up to date and peer-reviewed materials with appropriate citations included on all slides and materials.

- Agree
 Disagree

If any Conflicts of Interest occur, they MUST be disclosed on a slide at the beginning of the presentation.

I understand that I am required to submit all slides and materials to be used in their presentation ONE WEEK prior to their presentation date. I will personally identify the date and in doing so agree in full to submit all content by that date.

These slides and materials will be reviewed for content, accuracy, appropriate citations, etc. by Program Director.

- Agree
 Disagree

Date you will submit slides:

CE credit is awarded on the basis of one credit per one hour of instructional time. I understand that I am required to fill my entire hour of presentation time.

Additionally, I understand that the accreditation of my presentation is dependent upon accurate depiction of findings/data/research and agree to present all positions (e.g., risks and benefits) and limitations to findings/content.

- Agree
 Disagree

Post Presentation Questions

Please type or print neatly

Please submit 2-3 multiple choice or True/False questions that will make up a post-presentation test and **mark the correct answers**. These will be questions that you believe demonstrate a comprehensive understanding of the material presented.

MUSC requires that each psychologist in attendance that wishes to obtain APA credit completes these post-conference tests with a grade of 70% or higher.

Question 1

Question 2

Question 3

AV Items

Please type or print neatly

I agree to have my presentation filmed and/or live streamed:

- Agree
 Disagree

Audio Visual Needs:

The following AV equipment will be provided for all speakers:

LCD projector, desktop computer, wireless remote, laser pointer, wireless microphone.

Please note, PowerPoint presenter notes are not viewable in presentation mode on our systems.

If you will need any additional AV equipment, please specify; additionally, if you plan to use your own laptop, please specify details:

Speaker Additional Items Checklist

CV:

- Attached

Narrative Biosketch:

- Attached

Professional high resolution headshot:

- Attached

Involvement with Activity

Please indicate your role in MUSC Department of Psychiatry and Behavioral Sciences Office of Continuing Education (OCE) activities: (check all applicable)

- | | |
|---|---|
| <input type="checkbox"/> Activity Director | <input type="checkbox"/> Speaker/Presenter |
| <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Editor/Author |
| <input type="checkbox"/> Content Specialist | <input type="checkbox"/> Peer Reviewer |
| <input type="checkbox"/> Moderator/Panelist | <input type="checkbox"/> Activity Coordinator |

According to the APA Standards of Commercial Support, a **conflict of Interest** is present when individuals (or their spouses/partners) in a position to control the content of OCE have a relevant personal financial relationship (i.e. speaker honorarium, consultant fees, contracted research, stock/shareholder, etc.) with a commercial interest* that benefits the individual and may ultimately bias the content of OCE activities to learners. A potential conflict of interest may exist if there is (1) a relevant financial relationship (in any amount) with a commercial interest occurring within the past 12 months, and (2) the opportunity to influence the content of OCE concerning the products or services of that commercial interest.

This disclosure form is a standardized mechanism for identification, review and analysis of relevant financial relationship(s) that may affect the independence, integrity and scientific balance of OCE activities designated for credit by the Medical University of South Carolina Department of Psychiatry and Behavioral Sciences and sponsor, American Psychological Association (APA).

With respect to **personal financial relationships**, contracted research includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

PLEASE RESPOND TO THE QUESTIONS BELOW WITH REGARD TO THE PAST 12 MONTHS

Neither I nor any member of my immediate family has a relevant financial relationship or interest with any commercial interest producing health care goods or services.

I have or an immediate family member has a relevant financial relationship or interest with any commercial interest producing health care goods or services. Please check the relationship(s).

If yes, Please indicate the names of the organizations with which you have a relevant financial relationship or interest, and the specific clinical areas that correspond to the relationship.

Type of Financial Relationship for you:

- Research Grants
- Patent holder
- Honoraria
- Consultancy
- Other

Please list all:

Clinical/Research Area:

Type of Financial Relationship for spouse/domestic partner:

- Research Grants
- Patent holder
- Honoraria
- Consultancy
- Other

Please list all:

Clinical/Research Area:

Disclosure of Content

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

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

The content of my material(s)/presentation(s) in this OCE activity **will** include discussion of unapproved or investigational uses of products or devices as indicated (please list): _____

1. I understand that my responsibilities as a faculty presenter/author/editor/planner is to develop and provide the content and/or presentation that focuses on the improvement of health care for patients.

Agree

Disagree

2. I will not promote any specific proprietary or commercial business interest as part of my role in the planning and delivery of this APA certified activity. Content for this activity will provide a well-balanced, evidence-based and unbiased approach to diagnostic and therapeutic options related to quality patient care.

Agree

Disagree

3. I understand that MUSC Department of Psychiatry and Behavioral Sciences Office of Continuing Education (OCE) may need to review my presentation and/or content prior to the activity and I will provide my educational content and resources in advance by the date required by OCE.

Agree

Disagree

4. I agree to identify to participants any discussion of non-FDA approved or investigational uses of products or medical devices included in my presentation/article/case/discussion

Agree

Disagree

The Medical University of South Carolina Department of Psychiatry and Behavioral Sciences Office of Continuing Education is in compliance with APA content validity value statements

1. All the recommendations involving clinical medicine in a OCE activity must be based on evidence that is accepted within the psychology profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in OCE in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

I have carefully considered each item and attest that the information is correct, to the best of my ability.

The Medical University of South Carolina (MUSC) Department of Psychiatry and Behavioral Sciences Office of Continuing Education (OCE) has the highest faith in the integrity of individuals who present at our educational activities. However, to avoid the appearance of any conflict of interest and to comply with the standards for commercial support of our accrediting body, the American Psychological Association (APA) has adopted a process to identify and resolve any potential conflicts of interest. In the above section, if you identified a potential conflict of interest. We are required by our accrediting body to resolve this potential conflict of interest. In reviewing your information we have determined that this potential conflict can be resolved by understanding and agreeing to the following statement:

I pledge that my presentation/content materials will provide the most scientifically rigorous, balanced, and objective information. I agree to these standards by, whenever possible, using evidence-based medicine sources for recommendations; or providing treatment recommendations by the best published medical/scientific standards in the contemporary literature; or by having a peer review the content of my presentation; or by limiting my content to areas without conflict of interest (no treatment recommendations); or I will remove myself from a relationship with a commercial interest and therefore no longer have a potential conflict of interest. I understand that refusal to disclose or a false disclosure or an inability to abide by these methods to resolve conflict will result in my disqualification as a presenter. I understand if I enter any new financial relationships between the time I complete this form and the educational activity, it is my responsibility to notify MUSC OCE prior to the activity.

If I have indicated a relevant 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. If I have a change in my disclosure I pledge to notify you. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require the MUSC Department of Psychiatry and Behavioral Sciences Office of Continuing Education to identify a replacement.

Print Name: _____

Signature: _____

Date (mm/dd/yyyy): _____

To document your compliance with this requirement please sign the pledge and return it attention to OCE at psych-events@musc.edu.

The Medical University of South Carolina Department of Psychiatry and Behavioral Sciences Office of Continuing Education will enforce the right to withhold credit at any time, should it determine that APA Standards and Criteria and or the Medical University of South Carolina OCE Policies and Procedures are violated.