



Please complete and return the following forms/items to the Office of CME:

- Speaker Information Form
- Disclosure Forms
(Forms **MUST** be signed and completed even if there is nothing to disclose.)
- AV Form
- Authorization & Release for Videotaping and Website Posting Form
- Assessment Questions
- Submit high-resolution photo of the speaker
(JPG, PNG, TIFF, or PDF files preferred)



Activity Overview Form

The Texas Heart Institute is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. According to ACCME guidelines, a speaker must have measurable learning objectives for the intended physician audience. Speakers are required to complete this form and return it to the Office of Continuing Medical Education prior to the activity.

Date of Conference:	
Name of Speaker:	
Please Check	<input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> DO <input type="checkbox"/> Other _____
Current Position/Title:	
Speaker's Address	
City, State, Zip Code	
Speaker's Cell Phone Number:	
Speaker's E-mail Address:	
Assistant Name:	
Assistant Email:	
Title of Lecture:	

Overview of Presentation (1-2 sentences):

Learning Objectives (Please provide 1-3): At the conclusion of this conference, participants will be able to:

1. _____

2. _____

3. _____

References (Please provide a minimum of 3):

1. _____

2. _____

3. _____



Disclosure Form for CME Activities

As an accredited provider of continuing medical education for physicians, The Texas Heart Institute is committed to ensuring its educational activities are fair, balanced, independent, objective, evidence-based and support safe and effective patient care.

The ACCME Standards for Integrity and Independence require that we collect disclosure from anyone who has control of content of a CME activity. Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies. The ACCME defines an “ineligible company” as any entity whose primary business is producing, selling, re-selling, or distributing healthcare products used by or on patients.

1. An individual must disclose to the audience any financial relationship(s). Information disclosed will include the a) name of the individual; b) name of the ineligible company; and c) nature of the relationship the individual has with the Company.
2. An individual with no financial relationship(s) must declare such so that the audience can be informed that no financial relationship(s) exist.
3. Any individual who refuses to disclose financial relationships will not be allowed to serve on a planning committee, or as speaker or author of any of The Texas Heart Institute CME activity.
4. Any individual who is an owner(s)/employee(s) of ineligible companies will not be allowed to serve on a planning committee or as faculty of any The Texas Heart Institute CME activity.
5. The Texas Heart Institute requires that the content and format of a CME activity or its related materials promote improvements or quality in health care and not a specific proprietary business interest of an ineligible company.
6. All presentations are required to give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available, trade names from several companies should be used, not just trade names from a single company.

Complete and Return by _____ to the following:

The Texas Heart Institute - Office of Continuing Medical Education

Email: cme@texasheart.org

Or complete electronically



Disclosure Form for CME Activities

Name of CME Activity: _____ Date: _____

Name of Speaker: _____

Please complete all questions below and chart if applicable.

I have read The Texas Heart Institute's policy on full disclosure. 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 or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require The Texas Heart Institute to identify a replacement.

1. In the past 24 months have you had any financial relationships with an ineligible company?

___No (skip to question 2) ___Yes (complete chart below; DO NOT substitute another form)

Table with 3 columns: Name of Ineligible Company, Nature of Relationship, and If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the CME staff determine if any mitigation steps need to be taken.

2. I attest that:

(Please place a check in each box to indicate your understanding of and willingness to comply with each statement below.)

- I have disclosed all financial relationships to The Institute and the above is accurate for the past 24 months.
I will base my contributions on the best scientific evidence available regarding this content. My contributions will give a balanced view of therapeutic options and be unbiased.
My contributions will not promote the products or services of any commercial interest related to this content.
All scientific research to support a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.
If I discuss any off-label product use, I will disclose it to participants.
I will not use trade names of health care products or services.
I will not promote or sell products in accredited education.

Signature: _____ Date: _____

Name: _____ (please print)

FOR CME OFFICE USE

STEP 1:

- No conflict of interest identified
Possible conflict of interest identified and sent to Program Director for review.

THI CME Staff Signature: _____ Date: _____

STEP 2: (If applicable)

If possible conflict of interest is identified, it will be mitigated as follows:

- Select another individual to control that part of the content.
Change the assignment to reflect other areas of content.
Limit the role of the conflicted individual to presenting content that is not related to patient treatment/management recommendations
Limit the sources for recommendations to those considered as best available evidence.
Internal review of content by Course Director and edit content accordingly and removing any commercial bias.
Disqualification of conflicted individual.

Program Director Signature: _____ Date: _____



AV Requirement Form

Name of CME Activity: _____ Date: _____

Name of Speaker: _____

PowerPoint Presentation -

- All presentations need to be in an electronic format using PowerPoint software.
- We ask for a copy of your presentation in PowerPoint so that an enduring material (online CME presentation) can be created for The Texas Heart Institute website. Please bring your presentation in one of the following formats: preloaded onto a laptop, USB/flash drive, or CD-ROM.
- If your presentation includes movies, please include the files of all movies with your presentation.
- A laptop, LCD projector, and laser pointer will be provided on site.

1. I will need the following audiovisual equipment:

- Laptop computer with PowerPoint software
- Sound connection for PC

2. I am bringing the following audiovisual equipment:

- USB/flash drive or CD-ROM with a copy of the presentation
- My laptop PC with presentation already loaded
- My Mac-based laptop with presentation already loaded
(if necessary, with a DVI/VGA adapter)

Presentation Date: _____

Presentation Due By: _____

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Or complete electronically



Authorization and Release for Recording/Preserving and On-Line Posting

Name of CME Activity: _____ Date: _____

Name of Speaker: _____

I, the undersigned, give permission for my live presentation for The Texas Heart Institute (“Presentation”) to be photographed, videotaped, audio-taped, and/or otherwise recorded or preserved for public and/or medical education purposes only and give permission for the slide presentation (“Materials”) accompanying and/or used in connection with my Presentation to be used by the Institute for public and/or medical education purposes only. I further agree and give permission for the Institute to use the Presentation and Materials in the THI’s learning resource center, on the THI’s CME website and in related department sections, The Institute apps and/or third-party websites, apps, or social media platforms such as YouTube. The Presentation and Materials will be converted to a format for online use. The Texas Heart Institute does not guarantee the Presentation and Materials will not be downloaded. I give permission for my presentation to be made available via all means enumerated herein, or those otherwise now known or hereafter invented. I understand that I will be identified, as will my affiliated institution in the credits of the Presentation.

I represent and warrant that I have the ability to enter into this agreement. I represent that the Presentation and Materials are original with me, or that I otherwise have all permissions necessary to provide and use them. In the event of any claims, demands or causes of action arising from the Institute’s use, posting, or distribution of the Presentation or Materials, I hereby indemnify, release and hold harmless The Texas Heart Institute, Baylor St. Luke’s Medical Center, their medical staff, employees, agents and any and all other persons from any liability in connection therewith.

Signature

Date

Print Name

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MOC Points Assessment Questions

The Office of Continuing Medical Education at Texas Heart Institute has certified this course for **MOC points**. As such, we must receive a **minimum of five (5)** multiple choice or true/false questions based on your presentation, to be used as an online quiz. Questions may be submitted on the form below.

Question Format Examples:

1. _____

- a. True
- b. False

Or

- a. _____
- b. _____
- c. _____
- d. _____

Type your questions and answers here.

Thank you for your participation; together we will offer our participants an excellent learning experience.

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