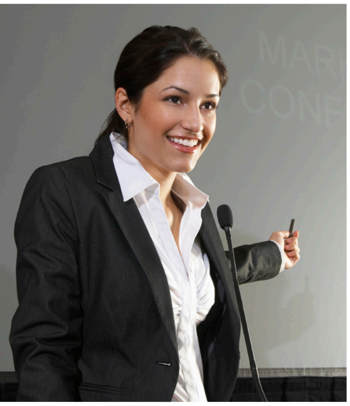
Illinois Council of Health-System Pharmacists

Continuing Pharmacy Education Department



Speaker Handbook for Conferences

Contents

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Acknowledgement: The format of the ICHP Speaker Handbooks is derived from the Mayo Clinic Speaker Handbook, shared on acpe-accredit.org.

Podcasts on ACPE Presentation Requirements

In order to assist speakers in complying with ACPE requirements, the ICHP Continuing Pharmacy Education Department has created a series of five modules to review prior to preparing your educational piece. You may either download and listen to a podcast or view a video presentation.

Please go to the ICHP website at http://www.ichpnet.org/pharmacy_practice/pharmacy_education_and_cpe/acpe/ to view five short modules on meeting ACPE requirements for continuing pharmacy education.

Please read this Handbook and complete all of the required forms / activities located in the Appendix as soon as possible to ensure ACPE accreditation.

Summary of Required Forms

The Document of Understanding (attached to your confirmation letter) must be signed and returned immediately upon receipt of the confirmation letter. The Faculty Worksheet provides the overview information on your presentation. The Needs Assessment, Gap Analysis, and Activity Planning Instrument forms will be of great benefit to you in developing your presentation. Additional forms include: Conflict of Interest form (required or you may not make a presentation – see Financial Disclosure and ACPE Guidelines below in Standards of Practice), Speaker Introduction information, Tax ID (if appropriate), and the AV and Slides / Handout information form.

Single Topic with Multiple Speakers (excluding Pearl Presentations)

Each speaker should complete the Faculty Worksheet, Conflict of Interest Declaration, Speaker Introduction, and Request for Tax Payer Identification Number (if applicable). Only one Needs Assessment, Gap Analysis Form for Pharmacists and/ or Pharmacy Technicians, Activity Planning Instrument for Pharmacists and/or Pharmacy Technicians, and Audio-Visual and Handout Request Form (if applicable) is required. Forms may be found beginning on page 18.

Information and instructions to aid you in completing these forms may be found throughout the Speaker Handbook. Please refer to the Table of Contents on Page 2.

Standards of Practice

Content Validation

Our goal as clinicians is to base our recommendations on findings that are reported in adequately powered randomized and double blinded studies using an active comparator that reported meaningful improvements in clinical outcomes in intact human beings (usually classified as level 1 evidence). But the perfect study likely does not exist and it is necessary to make decisions about treatments that are based on weaker information. For example placebo comparisons, or observational studies, or basing recommendations on expert opinion, anecdotes, or even on laboratory results- as long as: a) this is the best information available; and b) the increased level of uncertainty is described.

Level 1 evidence has a lesser degree of uncertainty than information based on animal models, or human cell cultures, laboratory analysis, observational studies and even expert opinion.

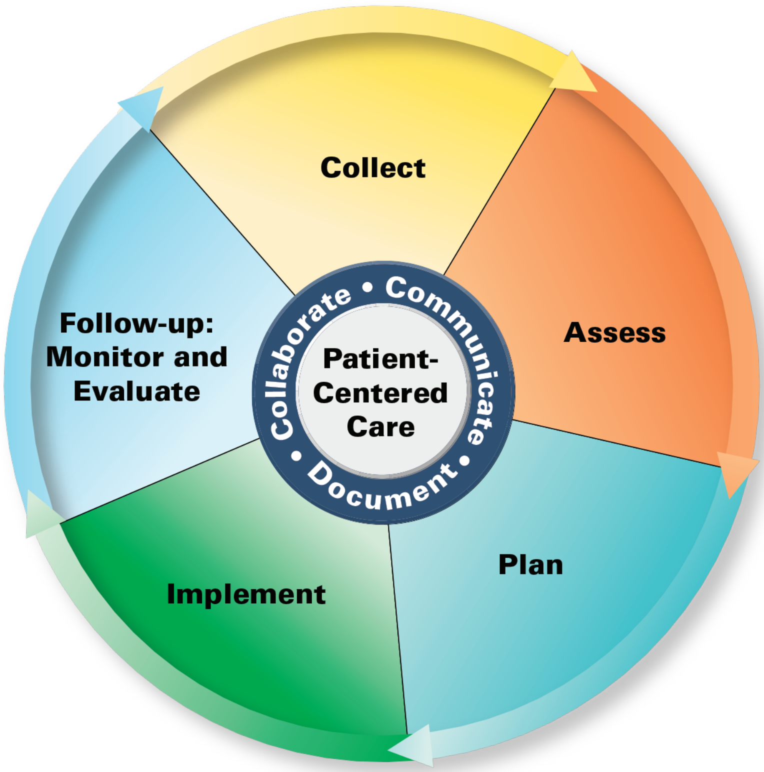
At ICHP we ask speakers and authors to point out when information was not measured using level 1 evidence. For example "recent data from an animal model of kidney function has shed new light on the mechanism of action of drug X." Or perhaps point out that an "antimicrobial dosing strategy is based on microbiological findings plus population pharmacokinetic data, but needs to be adequately tested in humans."

Up to date information helps our learners stay current with new ideas, and by pointing out the limitations of your analysis you will remind your audience of the inherent uncertainty of the data.

Per ACPE requirements, you may not alter your slide presentation once it is submitted to and confirmed final by the ICHP office. If you have new information in the meantime, you may verbally include that during your presentation. Your slide presentation will be pre-loaded on the laptop provided at the meeting location.

Patient Care Process

Speakers are encouraged to prepare pharmacists to provide patient centered collaborative care as described in the Patient Care Process.



Pharmacists' Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

Collect
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

ACPE Resource Document from the
Joint Commission of Pharmacy Practitioners, May 2014.
https://www.ichpnet.org/pharmacy_practice/pharmacy_education_and_cpe/PatientCareProcess.pdf

Bias Safeguards

Off-label Use

ACPE requires that you indicate, either on the slide or verbally, when discussing off-label use of a medication or device. **Education materials may not contain any commercial advertising, logos or product-group messages.**

Financial Disclosure & Conflict of Interest

Every speaker must sign a Conflict of Interest (COI) form, outlining any conflicts, or stating there are no conflicts. Any fellow/resident/student presentation must include the preceptor mentor's Conflict of Interest form as well. The preceptor mentor would be designated as the "Content Specialist" on the COI form. This form is located in the Appendix of the Speaker Handbook.

Any conflict must be resolved prior to the presentation, which may include peer review and ICHP staff review.

Every presentation must include a financial disclosure slide at the beginning, and the speaker is required to announce at the beginning if he/she has a conflict or does not have a conflict, and a statement that all conflicts were resolved, if conflict existed. Any fellow/resident/student slide presentation must also include the same information about conflict and resolution as above for each preceptor mentor. This is an ACPE accreditation requirement. Please see ACPE Guidelines on page 5.

ACPE Guidelines on Non-Commercialism and Conflict of Interest Declaration

- All continuing pharmacy education (CPE) activities should provide for an in-depth presentation with fair and full disclosure and equitable balance. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).
- Commercial interest is defined as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies.
- Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CPE 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.
- An individual must disclose to learners any relevant financial relationship(s) prior to the beginning of the educational activity.
- Disclosure should be described in the slide presentation, usually the second slide (if live presentation) or in any handout.
- For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.
- If there is a relevant financial relationship, the conflict must be resolved prior to the program using peer review, selection of alternative faculty, ending financial relationship or other mechanism described on the ICHP Conflict of Interest Form.
- Disclosure due to a relationship with a commercial interest is required if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CPE about the products or services of that commercial interest.
- Financial relationships are those relationships in which the individual benefits by receiving salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected.
- ACPE considers relationships of the person involved in the CPE activity to include financial relationships of a spouse or partner.
- All individuals involved in an activity must sign a conflict of interest declaration, including those on a planning committee. Anyone who refuses to sign a conflict of interest declaration may not be involved in the activity.

Moderator Confirmation of Non-Bias Form

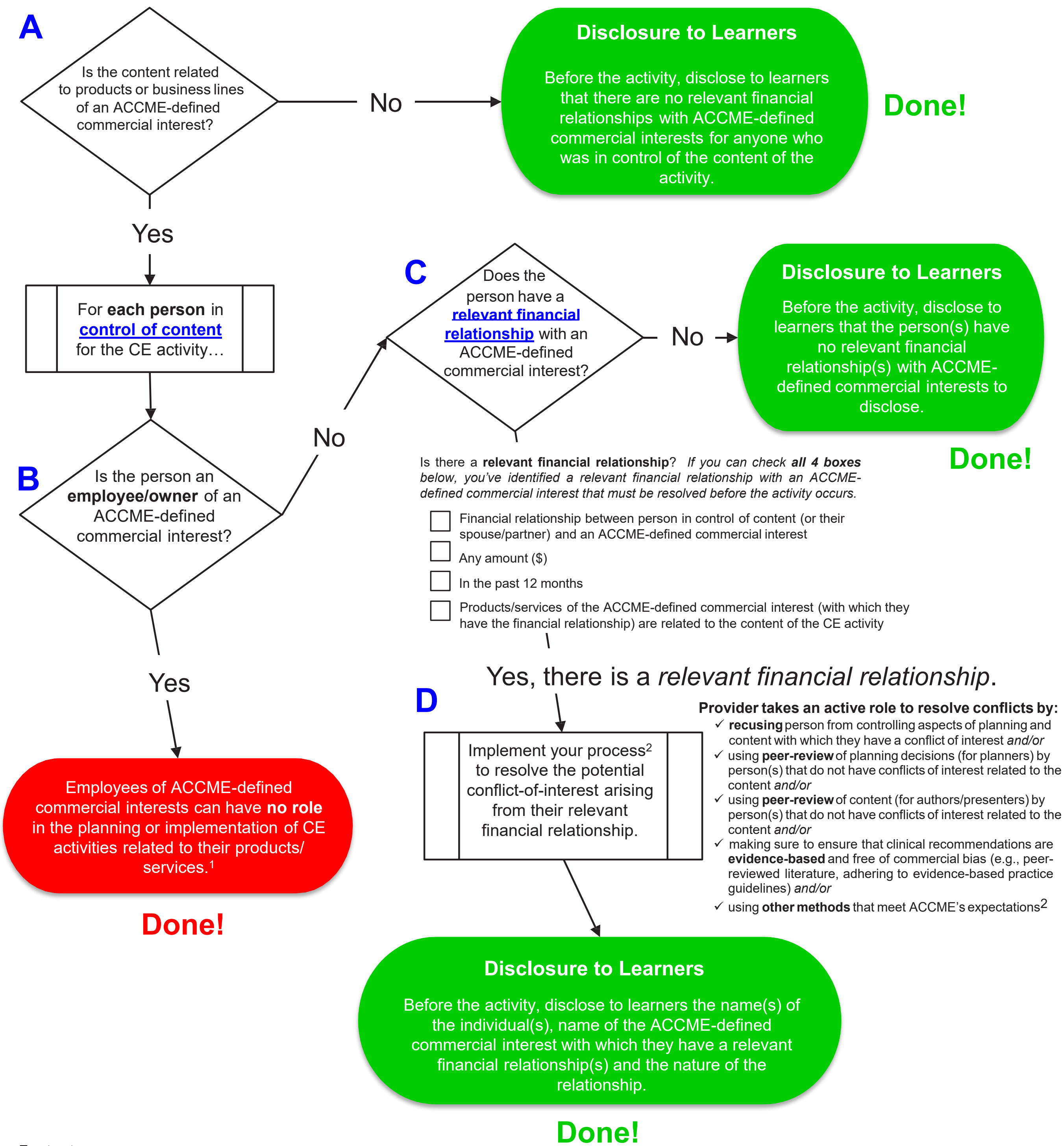
Moderators will complete a Confirmation of Non-Bias Form documenting if the presentation is free of commercial bias. Speakers will be contacted if bias is detected.

Please see the Flowchart for the Identification and Resolution of Personal Conflicts of Interest on page 6.

Flowchart for the Identification and Resolution of Personal Conflicts of Interest

(Last updated: February 1, 2017)

Use this flowchart at the beginning of your planning process for CE activities to ensure independence from ACCME-defined commercial interests. **Start at A below.** For step-by-step instructions for using this flowchart, visit **www.accme.org/coiflowchart**.



Footnotes

1. The use of employees of ACCME-defined commercial interests as faculty and planners or in other roles where they are in a position to control the content of accredited CE is prohibited, except in specific situations. For more information, visit this *Ask ACCME* frequently-asked-question regarding commercial employees.
2. There are a range of approaches providers can use to resolve potential conflicts of interests. For more information, visit ACCME's Provider Examples of Compliance and Noncompliance. ACPE-accredited providers can find examples and resources on the ACPE website.

Creating a Learning Environment

CPE Activity Definitions

- **Knowledge-based:** Designed primarily for pharmacists and technicians to acquire factual knowledge. The minimum credit for these activities is 15 minutes or 0.25 contact hour.
- **Application-based:** Designed primarily for pharmacists and technicians to apply the information learned in the time frame allotted. The minimum credit for these activities is 60 minutes or one contact hour.
- **Practice-based:** Designed primarily for pharmacists and technicians to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The formats of these CPE activities should include a didactic component and a practice component. The minimum credit for these activities is 15 contact hours.

ICHP accredits only knowledge-based and application-based CPE activities at this time.

Needs Assessment and Gap Analysis

Speakers are required to provide the topic needs assessment and brief gap analysis forms.
The required forms are on pages 21-23.

Needs Assessment

Below is an outline of the components of the Needs Assessment.

Needs Assessment Description:

- A narrative description of how the practice gap was identified
- Explanation of what education is needed to help close the practice gap(s) identified
- Identification of target audience and geographic variations in needs

Needs Assessment Components (may include one or more of the following):

- Brief background of the therapeutic area/disease state
- Practice gaps
- Demographic/epidemiologic data (geographic variation)
- Consensus guidelines and well-designed clinical trials
- Current/emerging treatments, treatment strategies, barriers to treatment

Needs Assessment Sources:

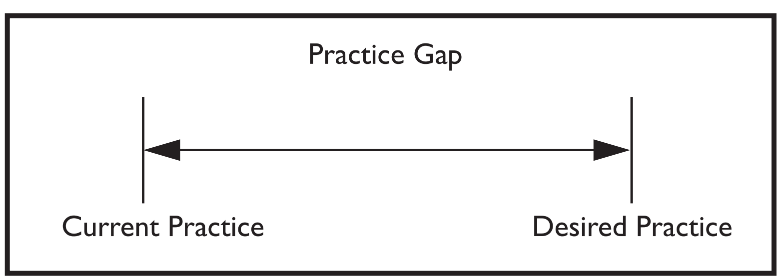
- Primary evidence-based research
  - PubMed
  - Scientific publications
  - Meeting proceedings
- Published resources
  - Practice guidelines
  - Morbidity and mortality reports
  - Media coverage of new advances
- Review of trends in the profession
- Environmental scans
  - Review of past, present, and planned future initiatives in topic of interest

Gap Analysis

Below is a list of the components of the Gap Analysis which aids in the development of the learning objectives.

- Current Practice
- Best / Better Practice
- Education Need
- Learning Objective

Identification of a gap: Determine the current results, articulate the desired results, and the distance between results (gap) and the actual need. Once a need is identified, then a solution can be selected that is targeted to closing the gap (learning objective).



Adapted from: Russo K, Gill A. (2013). Identifying Gaps and Developing a Quality Needs Assessment. 15th Conference on Continuing Pharmacy Education. October 2-4, 2013.

Criteria for Learning Objectives

- Educational goals and specific learning objectives should reflect the relationship of the activity topic(s) or content to contemporary pharmacy practice.
- Performance objectives must be measurable and specific.
- Verbs for performance objectives must elicit or describe observable or measurable behaviors on the part of activity participants.
- Utilize verbs from the chart on page 9 when developing objectives. **Do <u>NOT</u> use the verbs: appreciate, behave, believe, be aware of, enjoy, explore, grasp significance of, have faith in, know, learn, perceive, realize, or understand.**

<u>Writing Learning Objectives</u>

Learning objectives must incorporate the appropriate verbs based on the activity type: knowledge-based or application-based - of the learning presentation. In some situations, ICHP will provide suggested learning objectives developed as part of the continuing pharmacy education (CPE) planning process and based on ICHP needs assessment surveys, as well as meeting and CPE evaluations forms.

ICHP welcomes the presenter's input in developing learning objectives, or if provided, in reviewing and modifying the learning objectives based on the presenter's knowledge and experience of the selected topic.

Please refer to the Active Learning Verbs and Corresponding Teaching Techniques Chart on the next page for approved verbs for learning objectives.

Incorporating Interactive Learning

Interactive learning is now an ACPE accreditation requirement for all continuing pharmacy education presentations. Interactive teaching methods are also a common request of attendees, result in better program evaluations and stronger more identifiable learning outcomes. The Chart on page 9 indicates how to incorporate active learning into a presentation based on Activity Verb Type. Below are suggestions on interactive participation of learners.

<u>Active Learning Techniques</u>

According to educational research, adults learn best when there is interaction between the presenter and the learner, they participate in role-playing or when peer-to-peer dialogue takes place. Active participation encourages the audience to do more than passively listen to a lecture. Rather, participants are processing and applying knowledge gained during the lecture. Active participation requires the audience to talk and listen, reflect on and apply the material presented. The focus of education has shifted from how much you know and a recitation of facts, to how you actively explore and apply what you know.

Seven Characteristics of Adult Education

- Have a learning environment where the learner feels safe and supported. They are allowed to express themselves to others, feeling acknowledged and respected.
- Intellectual freedom and creativity are encouraged.
- Faculty need to treat the learner as an intelligent, experienced adult. They need to be viewed as a "peer", where their opinions are encouraged and listened to.
- Self-directed learning is expected, where the student takes responsibility for what they learn. They work with the faculty to have specific activities designed to meet the needs they require to function to their fullest in their profession.
- The learner must be challenged appropriately, so they are pushed just beyond their current ability. If they are pushed too far, they may give up, while if not pushed enough they will become bored and not learn anything.
- Learners need to be actively involved, where they can talk and interact with each other, they can try out new ideas, and use exercises and experience to support facts and theory.
- There needs to be feedback mechanisms for faculty to know what the learners say works best for them and to know what else the student wants to learn. The faculty needs to listen to the student and make changes according to this feedback.

Chart of Active Learning Verbs and Corresponding Teaching Techniques	
CPE Activity: KNOWLEDGE	
Bloom's Taxonomy	*Suggested Active Learning Techniques*
Knowledge-type verbs Arrange Define Duplicate Label List Memorize Name Order Recognize Relate Recall Record Repeat Reproduce State	Lecture Visuals Examples Illustrations Analogies
Comprehension-type verbs Classify Describe Discuss Explain Express Identify Indicate Locate Outline Recognize Report Restate Review Select Translate	Test/Assessment Review Writing Presentations Matching questions/answers Questions Discussion Report
CPE Activity: APPLICATION AND/OR PRACTICE	
Bloom's Taxonomy	*Suggested Active Learning Techniques*
Application-type verbs Apply Choose Demonstrate Dramatize Employ Illustrate Interpret Operate Practice Schedule Sketch Solve Use Write	Role play Simulations Practice exercises Demonstrations Projects
Analysis-type verbs Analyze Appraise Calculate Categorize Compare Contrast Criticize Debate Diagram Differentiate Discriminate Distinguish Examine Experiment Investigate Question Research Test	Case studies Problems Discussion Pro/con grids Application exercises
Synthesis-type verbs Arrange Assemble Collect Compose Construct Create Design Develop Formulate Manage Organize Plan Prepare Propose Set up Write	Problems Case studies Develop plans Simulations Projects
Evaluation-type verbs Appraise Argue Assess Attach Choose Compare Defend Estimate Evaluate Judge Measure Predict Rate Revise Score Select Support Value	Case studies Problem exercises Projects Critiques Simulations

Source: Adapted from Dave, R. H. (1975). *Developing and Writing Behavioral Objectives.* (RJ Armstrong, ed.) Educational Innovators Press; Krathwohl, D.R., Bloom, B.S., &.Masia, B. B. (1973). *Taxonomy of Educational Objectives, the Classification of Educational Goals*. Handbook II: Affective Domain. New York: David McKay Co., Inc; Phillips, L. (1994) *The Continuing Education Guide: The CEU and other Professional Development Criteria*. Access: www.acpe-accredit.org.

Tips for Stimulating Learning

- Start the session with an overview of the content in the educational offering and why it is of value to the participants; end with a summary of key points.
- Break up information into "mini-lectures" (e.g. 10-15 minutes or smaller) followed by examples with opportunities to discuss, practice or reflect.
- Prepare a variety of examples from different sensory domains to reinforce new information:
  - Verbal – anecdotes, cases
  - Still images – drawings, photographs (ensure no copyright infringement)
  - Moving images – animations, videos (not too much)
  - Tactile examples – medical devices, models
- Develop activities that require participants to relate the new information to their own practice or personal experience:
  - Give participants a few minutes to write, discuss or think of ways that they could change their practice with the new information. This is the CPD concept of "reflect"
  - Have participants solve cases that were based on their own needs (e.g., through needs assessments).
  - Ask participants to share relevant issues for discussion.
- Design activities to get the maximum number of participants as possible to respond:
  - Ask participants to write or solve a problem individually.
  - Ask questions and poll the participants through a show of hands or through a polling system.
  - Have participants discuss an issue or work with the person next to them.
  - When possible and educationally beneficial, have participants work in small groups.

Source: Kovaleski D. Education Grows Up. AssociationMeetings. 2007 (April):16-22. 2005 Accreditation Council for Pharmacy Education

Summary of Best Practices: How to make Live CPE Interactive

(from ACPE Conference 2013 "Unchartered Territory" session)

- Reflective questions
- Case Studies
- Learner or faculty "pearls"
- Animation
- Polls (ARS devices, mobile apps…)
- Chats with audience
  - Live online webinars need more live interaction
- Structured Q & A
- Videos
- Group discussion or debate
- Team competition or games
- Free write with sharing
- Postcard idea – write on postcard what attendee plans to do upon returning to work site, or to further professional development…mail to them 3 months / 6 months later…
- Email reminders of what one promised to do – use the online evaluation comments for that.

Audience Response Systems

ICHP strongly encourages presenters to use audience response technology among other methods of interactive learning.

Interactive Audience Participation Systems

One example of technology which can be used for interactive audience participation is Poll Everywhere. This allows the audience to text open ended responses to questions to keep them engaged. This has been very popular with attendees. You can create your own free account by going to http://www.polleverywhere.com/. It only allows for 40 responses, but that is enough to get a sense of the audience. Internet access is usually available at ICHP Meetings. ICHP has a Poll Everywhere account for statewide meetings.

The Activity Planning Instrument Form in the Appendix of the Speaker Handbook is where you will outline your active learning techniques as related to each learning objective.

Guidelines for Writing Learning Assessment Questions

Questions interspersed throughout a presentation provide interactive opportunities for both learners and presenter to gauge the impact of the information. This self-assessment is a requirement for ACPE accredited continuing pharmacy education programs. Questions may be written as multiple choice with only one correct answer.

Multiple choice questions consist of a stem and four possible options.

- Item Stem: The item stem is the introductory statement or question that describes a situation or circumstance related to the knowledge being assessed. Item stems can be written in the form of an incomplete statement as well as in question form.
- Key: The key must reflect current practice. In some cases the key will be the only correct choice, while in other cases the key will be deemed to be the BEST choice when considered with the other choices provided.
- Distractors: Distractors are the incorrect options but should be plausible or possible correct answers to candidates who are not knowledgeable enough to choose the key.

Question Writing Principles – Do and Do Not List

- DO test only one testing concept or knowledge statement per item. Knowledge statements were developed for this purpose and items written from a knowledge statement will most likely result in higher quality, practically based items.
- DO ensure that the stem and all options are compatible with each other. For example, if your stem reads, "Which of the following audit procedures… ", then all options must be audit procedures.
- DO keep the stem and options as short as possible by avoiding the use of unnecessary text or jargon. Do not attempt to teach the candidate a concept or theory by providing too much information before asking the question.
- DO include common words or phrases in the item stem rather than in the key and distracters.
- DO write all options the same approximate length and format.
- DO write options that are grammatically consistent with the item stem and maintain a parallel grammatical format. For example if the key begins with a verb ending with "ing", then all distracters must begin with a verb ending with "ing".
- DO use only professionally acceptable or technical terminology in the item stem and options.
- DO NOT use a key word or phrase in the item key that appears in the stem. Experienced test takers will look for clues such as this that often identify the key.
- DO NOT use words such as "frequently", "often", "common", or "rarely" as they introduce subjectivity into the item. If an item is subjective, it can be argued that more than one option is keyable.
- DO NOT use terms in the stem such as "always", "never", or "all" since very little is absolute and thus it makes it easier for candidates to eliminate distracters.
- DO NOT use terms such as "least", "not" or "except" as they are negative and require a candidate to choose an incorrect or least preferred choice, rather than a correct or preferred choice. This is called a negative-type question. For example: Which of the following statements is not true?
- DO NOT use gender pronouns such as he, she, his, or her. Refer to individuals by their title.
- DO NOT use "all of the above", "none of the above", as options

Source: CISA® Item Development Guide. https://www.isaca.org/Certification/Write-an-Exam-Question/Pages/default.aspx. Accessed January 20, 2011.

Please note: All assessment questions must relate back to the learning objectives of the program! Each learning objective must be assessed with at least one test question or method of assessment.

For Learning Assessment Exercise examples, please go to: https://www.acpe-accredit.org/continuing-education-provider-accreditation/. Refer to Standard 9 and click on "Learning Assessment Exercises."

Continuing Professional Development (CPD

In addition, ICHP supports pharmacists' and technicians' use of continuing professional development (CPD). To foster CPD, you can ask the audience to turn to a partner and discuss with them what one aspect of the presentation enhanced their knowledge on the topic. This serves as the "reflect" portion of the "Plan-Act-Evaluate-Reflect" method of CPD. For more information on CPD to assist you with incorporating this method of learning, please go to: www.acpe-accredit.org/continuing-professional-development/ or www.ichpnet.org/pharmacy_practice/cpd/.

Preparing Your Presentation

ACPE Policy Statement For: "Use of Residents as Faculty"

If fellow/resident/student, please note the additional requirement based on the following ACPE Policy: "If residents are selected as faculty for a CPE activity, the provider should ensure a preceptor mentors the resident during development of the activity. Guidance should address the expectations of adult learning principles as outlined in the ACPE Standards for Continuing Pharmacy Education including identification of an educational gap; development of measurable learning objectives; inclusion of independent, balanced, and evidence-based content; use of active learning techniques; and incorporation of learning assessment methods."

Format of Presentation – Slides and Handouts

The preferred slide format is PowerPoint. Please use the provided template for your presentation. Please notify ICHP staff liaison if you have a different format.

Handout materials (i.e. print of 6 slides per page or other supporting documents) should be limited to 10 single-sided pages for a one-hour presentation and should include a post-test (4-6 multiple choice questions or a case study review is acceptable for a one hour presentation), a bibliography of relevant articles and resources. Please refer below for detailed information on how to do proper referencing.

Copyright Permission – Appropriate use of materials

To comply with copyright issues, you are responsible for obtaining copyright on any material you use in your presentation or as a handout and forwarding copies of the permissions to us for our ACPE files. Handouts should not contain any journal articles for reprint unless they are accompanied by written permission from both the author(s) and publisher. Most items from the internet such as photos, videos, cartoons, etc. require copyright permission (ex. Google, Bing). Any federal sources usually do not require copyright release as they are considered public domain (ex. CDC, NIH).

Copies of published materials will require permission from the author and/or publisher. Refer to the inside cover of the journal or text for requirements. We will need a copy of the permission for our files.

Websites that provide royalty-free images include:
www.pixabay.com
www.freedigitalphotos.net

Any information that does not meet these requirements will be excluded from the presentation.

By serving as a speaker for any ICHP meeting, you give ICHP copyright permission to post your slides to our website. Please note that anyone conducting an internet search on your presentation topic may be able to see your slides if they come up on the search as this portion of the ICHP website is not restricted to members only.

Compliance

Please note the following compliance issues:

- ICHP will revise your slides to comply with copyright or HIPAA requirements. **Materials used without copyright permission are removed from the presentation and/or handout.**
- Slides are reviewed for commercial bias. ICHP staff may contact you about modifying the slide.
- Cartoons, comics, photos of famous paintings, and pictures of celebrities or other famous people are removed from the print and electronic copies of your education materials.
- Photographs that show individual faces, or other identifying information, will have these blocked out unless you inform ICHP staff that you have the individual's permission to use the photo.
- A snapshot of the first page of a published article is permissible; a table from an article must be appropriately cited.

Recording

ICHP may record presentations for home study or for informational only purposes on the ICHP, Facebook or YouTube websites. You will be notified and asked to sign a release form prior to the presentation. Speakers may decline to be recorded. All notifications must be in writing.

Guidelines for Presentation Slides

What is my time frame?

- Consider that an average of 1-2 minutes per slide should be used.
- Do not use more than one topic per slide.

What text should I use?

- Use bullets, not numbers.
  - ➢ When using bullets, it implies there is no significant order.
  - ➢ Only use numbers to show rank or sequence.
- Each bullet should have 6 words or less.
- Each slide should have 6 lines or less.
- Keep font size and style easy to read.
  - ➢ Consider using sans serif font without curly feet.
  - ➢ Adhere to a minimum of 36 point for titles.
  - ➢ Use at least 24 point for body text.
  - ➢ Try to Avoid ALL CAPS.

Can I use transitions?

- Sure! If transitions are used, use only one transition for all slides. For example, try to keep sounds, graphics, and animations consistent.

Can I use graphics?

- Sure! If you choose to use graphics, make sure those graphics add to the message of the slide.
- Ideally, graphics should face the middle of the slide and not distract from the text of the slide.

Can I use animations?

- Maybe! If you choose to use animation, use no more than three different effects on bulleted text.
- Do not use animation effects on graphics copied from the internet.
- Please Note: Ready Talk does not support animation at this time, which impacts recording a webinar presentation for home study through Ready Talk.

Do I need to include any Conflict of Interest Declaration?

- Yes, this should be either on your 1st slide with title or on the 2nd slide.

Do I need references or a bibliography?

- Yes, references should be numbered consecutively in the order in which they are first mentioned in the presentation or text; or put the citation(s) for information contained in the slides at the bottom of each slide.
- Use an acceptable reference format such as the American Medical Association.
- Please refer to *supplemental documents for further referencing info.
  See *The American Medical Association Manual of Style 9th Edition*.

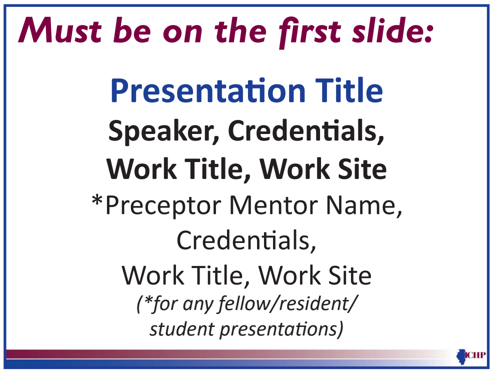
What else?

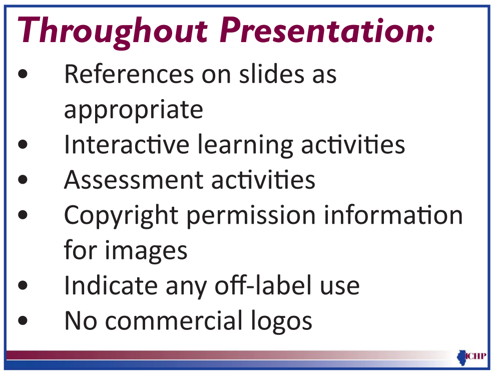
- Always proofread!
- Introduce yourself to the moderator prior to your presentation.
- **Stay on time.** Work with your moderator to keep track of time.
- **Repeat questions asked by the audience.**

See page 14 for sample slides!

Sample Slides

The following examples show the guidelines required for presentation slides.





Supplemental Citation and Referencing Guidelines – AMA Style

Print Journals

Author(s). Article title. Journal Name. Year;volume:inclusive page numbers.

Names of Journals — Journal names are always abbreviated and italicized. Initial letters are capitalized. If you're unsure how to abbreviate a journal title, consult previous issues of *American Journal of Public Health* or the National Library of Medicine's List of Journals Indexed in Index Medicus.

Example 1:

Stein AD, Shea S, Basch CE, Contento IR, Zybert P. Variability and tracking of nutrient intakes of preschool children based on multiple administrations of the 24-hour dietary recall. *Am J Epidemiol*. 1991;134:1427-1437.

Example 2:

Jahns L, Siega-Riz AM, Popkin BM. The increasing prevalence of snacking among US children from 1977 to 1996. *J Pediatr*. 2001;138:493-498.

Reference to Books

Author(s). Title of book and subtitle (if any). Volume number and volume title (when there is more than 1 volume). Edition number (do not indicate first edition). Place of publication: Name of publisher; Year of copyright.

Referencing an entire book —

Example:

Wareham R. *No Safe Place: An Assessment on Violence Against Women in Kosovo*: United Nations Development Fund for Women; 2000.

Referencing a chapter in a book — Capitalize the chapter title as you would a journal article's title (sentence style). Do not use quotation marks, but do give the chapter's inclusive page numbers (separated by an en-dash).

Example:
Westron L, Eschenbach D. Pelvic inflammatory disease. In: Holmes K, Mardh P, Sparling P, et al, eds. *Sexually Transmitted Diseases*. 3rd ed. New York, NY: McGraw-Hill: 1999;783-809.

Editors — Names of editors, translators, translator-editors, or executive and section editors are given.

Example 1: single editor
Jafari P ed. *Free Will's Burden: Understanding the True Meaning of Freedom*. New York, NY: Society of Peeves; 1995. Existential Essay Series.

Example 2: translator-editor
Kerplunk, IM. *My Life*. Stockhoff, DA, trans-ed. New York, NY: HarperCollins Publishers Inc; 2000:135–138.

Example 3: multiple editors:
Needham A, Calgaro CA, Jafari P. Ester linkages and beyond. In: Banshee SL, Folishle SD, eds. *Me, You, and Fatty Acids*. 4th ed. Washington, DC: Penguin Press; 1981.

Reference to a Web Site

Example 1:
US Dept of Commerce, National Oceanic and Atmospheric Administration, National Weather Service. 63-Year list of severe weather fatalities. Available at: http://www.nws.noaa.gov/om/severe_weather/63yrstat.pdf. Accessed September 11, 2003.

Example 2:
Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). Available at: http://www.cdc.gov/nccdphp/dash/yrbs/index.htm. Accessed September 20, 2002.

Paper Presented at a Meeting

Example:
Oliver-Velez D, Beardsley M, Deren S, et al. impact of methadone treatment on HIV risk behaviors among Puerto Rican IDUs in East Harlem, New York and Bayamon, Puerto Rico. Paper presented at: American Public Health Association Annual Meeting; November 7-11, 1999; Chicago, Ill.

Law/Statutes

If you wish to cite a law that was enacted by the US Congress and therefore contained in the US Code (USC), use the following format in this order:

1. Official name of the act.
2. Title/chapter number.
3. Abbreviation of the code.
4. Section number (designated by §).
5. Date of code edition.

Citing state statutes varies by state. *The Bluebook: A Uniform System of Citation* contains examples from each state.

Example 1:
Section 222 of Florida Statues: Fla Stat §222.

Example 2:
Section 100 of Revised Code of Washington: Wash Rev Code §100

For a more detailed explanation of the American Medical Association style, see American Medical Association Manual of Style 9th Edition.

Registration

If you intend to participate in any of the programs other than the session where you are speaking, you must complete a meeting registration form and return it to the office with your other materials. A special faculty registration form is ***available when appropriate and will be provided.*** Speakers may claim CPE credit for their own presentations.

Travel Policy for Conferences

Below is the ICHP standard policy, which may vary based on joint-provider conferences.

Meeting Faculty Travel Reimbursement Policy

Faculty traveling on ICHP education-related business are entitled to transportation, accommodations, and services that meet reasonable and adequate standards for convenience, safety, and comfort. In applying this general policy, it is hoped that those traveling on behalf of ICHP will use the same care in incurring expenses that would be used for personal travel. For example, taxis to and from airports should generally not be used when there is an airport bus or shared limousine, subway, or other convenient and less expensive transportation service available.

Expense reimbursements are made only for the faculty person traveling for ICHP educational programming. ICHP does not reimburse expenses incurred for or by a spouse, dependent or other individual associated with the faculty person traveling for an ICHP program.

Reimbursable Expenses

It is ICHP's policy to reimburse for travel expenses on the basis of actual expenditures incurred up to allowable and reasonable limits. The expense report should be completed in full and include legitimate ICHP business items only; no personal items. For example, personal travel, internet fees, mini-bar, entertainment, telephone calls, laundry, etc. are not reimbursable expenses. Faculty are requested to directly pay their expenses (except airline/train fare/hotel where applicable) and submit an expense report to ICHP within 10 days after travel. All receipts must be attached.

Transportation

Faculty are eligible for mileage reimbursement if they must travel more than 50 miles one way to reach the venue where they are to speak. Faculty must confirm with the ICHP staff liaison if they are to travel by car, train or air.

When air transportation is authorized, the ICHP staff liaison must make arrangements. Airline tickets will be issued for the lowest available advance ticketed (at least 30-day advance purchase) airfare in a coach class compartment applicable to your travel dates and time requirements. Faculty may upgrade at their own expense. Faculty must provide to ICHP their full name as it appears on their driver's license or passport, birth date, and cell phone number.

The costs for any other type or class of air travel will not be reimbursed unless advance authorization in writing is obtained from your designated ICHP staff liaison and the authorization accompanies your expense report. Passenger copies of airline and train tickets must be attached to the expense report if the faculty person has booked the airline or train ticket themselves and only after permission is provided by the ICHP staff liaison. Under no circumstances should the faculty book alternative means of travel in the event of a flight cancellation without receiving prior authorization from ICHP staff liaison. Personal automobile transportation is reimbursed at the applicable IRS rate. However, personal automobile reimbursement will be limited to the cost of transportation as described above. The amount per mile includes costs such as gas, oil, traffic violations, etc. Do not submit a separate gasoline receipt.

Hotel

Faculty are eligible for an overnight stay at a hotel if the following criteria are met: 1) They are traveling more than 50 miles one-way to the venue, and; 2) Their presentation is early in the morning so that they would have to start their travel before 6am on the day of their presentation; or their presentation is in the evening so that they would not return home until after 10pm.

The ICHP office must make the hotel arrangements unless otherwise negotiated in writing.

Meals

The ICHP Board of Directors has established the following as maximum allowable limits for meal reimbursement (including tax and gratuities: breakfast $15.00; lunch $25.00; and dinner $35.00 per day. Expenses for alcoholic beverages will not be reimbursed for educational faculty. ICHP should be charged actual costs of meals, not the limit for each meal or a daily limit. Meal reimbursement is only during the time of travel for the time period related to the date of the presentation. Gourmet coffees and other snacks, unless used as one of your meals during travel, are not covered. There will be no reimbursement when group meal functions are provided. Itemized meal receipts are required for all meal reimbursements (not just the credit card charge).

Expense Reports

Any exception to the policy outlined must be approved in writing by the ICHP staff liaison with whom you are working and submitted with your expense report. An expense report form will be provided separately. Return the completed and signed expense report within 10 days after the function to the attention of the office accountant at the following address: ICHP c/o Accounting Department, 4055 N. Perryville Road, Loves Park, IL 61111; email JanM@ichpnet.org.

ICHP greatly appreciates your cooperation. Faculty should expect the mailing of a reimbursement check two weeks after receipt of the completed expense report at the ICHP office.
(Policy Revised: May, 2012)

Speaker Checklist and Forms

- ❑ Upon review of confirmation letter, sign and return the Document of Understanding immediately
- ❑ Listen to podcasts on ACPE requirements: http://www.ichpnet.org/pharmacy_practice/pharmacy_education_and_cpe/acpe/
- ❑ Curriculum Vitae – Please forward an up to date CV to the ICHP office.
  - ❑ Curriculum Vitae of Preceptor Mentor (if Fellow/Resident/Student presentation)
- ❑ Faculty Worksheet (pages 19-20)
  - ❑ Review Criteria for Objectives (page 8)
  - ❑ Separate learning objectives required for pharmacists and technicians
- ❑ Include needs assessment and gap analysis (pages 21-23)
- ❑ Activity Planning Instrument (pages 24-25)
  - ❑ Include active learning techniques (description on page 8)
  - ❑ Include learning assessment tools
  - ❑ Separate activity planning instrument required for pharmacists and technicians
- ❑ Conflict of Interest Declaration (page 26)
  - ❑ Conflict of Interest Declaration of Preceptor Mentor (if Fellow/Resident/Student presentation) (page 27)
- ❑ Presentation
  - ❑ Review Guidelines for Presentation Slides (page 13)
  - ❑ Incorporate principles of continuous professional development (CPD) (description on page 11)
  - ❑ Include reference list, resource list and/or bibliography
    - ❑ Refer to Supplemental Citation and Referencing Guidelines for correct AMA format and style (pages 14-15)
  - ❑ Create handout (may be a copy of your slides or submit a separate handout for audience)
- ❑ Post-test questions (with answer key). See page 11 for guidance on writing assessment questions.
  - ❑ 4-6 questions per hour of CE
  - ❑ Must relate back to each learning objective
- ❑ Speaker Introduction Form (page 28)
- ❑ Speaker Tax ID Form, if applicable (page 29)
- ❑ Complete Audio-Visual and Handout Request Form (page 30)
  - ❑ If requesting handouts to be printed for you, please send or email presentation by deadline

Email all documents to the ICHP Continuing Pharmacy Education Department at TrishW@ichpnet.org, with the exception of the ***signed*** *Conflict of Interest Declaration and the Tax ID Form (if applicable) which should be faxed or mailed to us (see page 2 for fax and address). We do accept electronic and digital signatures in our Adobe fillable PDFs.*

Please note: Required forms vary based on single topic presentations with single or multiple speakers (excluding pearl sessions). Please see page 3 for details.

Please honor the deadlines listed in your confirmation letter.

Faculty Worksheet – page 1 of 2

Project/Event Title (ex: Annual Meeting): ______________________________

Presentation Date/Time (for live activity): ______________________________

Presentation Location (for live activity***)***: ______________________________

Focus Session (if applicable; ex: Clinical Session): ______________________________

Presentation/Activity Topic Title: ______________________________

Hours of Learning (exclude break time): ______

Speaker Name (Include credentials, i.e. R.Ph., Pharm.D., BCPS, etc.)***:*** ______________________

Speaker Title: ______________________________

Preceptor Mentor Name if speaker is a Fellow/Resident/Student (Include credentials/title/work site):

____

Speaker Institution/Employer: ______________________________

Speaker Mailing Address: ______________________________

Speaker E-mail Address: ______________________________

Speaker Daytime Telephone: ______________________ ***Speaker Fax #*** ______________________

Honorarium: ______ ***Commercial Support:*** ***Yes*** □ ***No*** □ ***Pending*** □

Travel arrangements (if needed): ______________________________

Audience: Pharmacists □ Technicians □ Other □

CPE Activity: Knowledge-based □ (see definitions on pg 7) Application-based □ Practice-based □

Will off-label uses be discussed? ***Yes*** □ ***No*** □
If you marked YES, you must indicate in the slides or verbally state when you are discussing off-label use.

Learning Objectives for Pharmacists: (Refer to Criteria for Objectives (pg 8) and add to Activity Planning Instrument (pg 24)

1. ____

2. ____

3. ____

4.____

5.____

Learning Objectives for Technicians: (Refer to Criteria for Objectives (pg 8) and add to Activity Planning Instrument (pg 25) ***NOTE: Separate technician objectives require separate activity plan.***

1.____

2.____

3.____

4.____

5.____

(To be completed by ICHP Office)

ACPE Number: ____________________________ ***Contact Hours***: _____

Commercial supporter: ____

Contact Person: ____

Address: ____

Telephone: __________ ***Fax #:*** _____________ ***Email:*** ______________________

Amount of grant: _________

PLEASE RETURN THE COMPLETED FORM TO:

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(815) 227-9292 Phone • (815) 227-9294 Fax •
trishw@ichpnet.org

Needs Assessment

See page 7 for guidance

Directions: Provide a narrative of how the practice gap was identified; what education is needed to close the practice gap identified. (This can include a brief background of the therapeutic area/disease; consensus guidelines and well-designed clinical trials; current/emerging treatments, treatment strategies, barriers to treatment).

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Gap Analysis Form – Pharmacists

See page 7 for guidance

<u>Directions</u>: Please complete this form by describing current practice compared to best practice, thereby identifying the gap in practice and need for education.

Activity Title:
Universal Activity Number:

	Current Practice	**Best/Better Practice**	**Educational Need**	**Learning Objective**
	Example: *An estimated 70-80% of patients undergoing chemotherapy experience nausea and vomiting*	*Only 10% of patients undergoing chemotherapy should experience nausea and vomiting*	*Pharmacists should know that poorly controlled CINV can result in weakness, weight loss, electrolyte imbalance, dehydration, or anorexia among chemotherapy patients*	*Describe the consequences of CINV on patient outcomes.*
1.				
2.				
3.				
4.				
5.				

Return to: Continuing Pharmacy Education Department ◆ Illinois Council of Health-System Pharmacists ◆ 4055 N. Perryville Rd. ◆ Loves Park, IL ◆ 61111
815/227-9292 (phone) ◆ 815/227-9294 (fax) ◆ trishw@ichpnet.org

Gap Analysis Form – Pharmacy Technicians

See page 7 for guidance

<u>**Directions**</u>**: Please complete this form by describing current practice compared to best practice, thereby identifying the gap in practice and need for education.**

Activity Title:	
Universal Activity Number:	

	Current Practice	Best/Better Practice	Educational Need	Learning Objective
	Example: *An estimated 70-80% of patients undergoing chemotherapy experience nausea and vomiting*	*Only 10% of patients undergoing chemotherapy should experience nausea and vomiting*	*Pharmacists should know that poorly controlled CINV can result in weakness, weight loss, electrolyte imbalance, dehydration, or anorexia among chemotherapy patients*	*Describe the consequences of CINV on patient outcomes.*
1.				
2.				
3.				
4.				
5.				

Return to: Continuing Pharmacy Education Department ◆ Illinois Council of Health-System Pharmacists ◆ 4055 N. Perryville Rd. ◆ Loves Park, IL ◆ 61111
815/227-9292 (phone) ◆ 815/227-9294 (fax) ◆ trishw@ichpnet.org

Activity Planning Instrument – Pharmacists

See Page 8 for guidance

Directions: Please complete this form by defining the learning objectives and providing documentation for how the activity development process (instructional materials, learning methods and learning assessment) supports the activity's learning objectives.

Activity Title:	
Universal Activity Number:	

	Please list the activity's learning objectives below	What instructional materials were utilized to meet this objective? (i.e. outlines, slides, case studies, computer-assisted techniques, etc.)	What active learning methods were utilized to meet this objective? Please indicate those methodologies that fostered active participation in learning (i.e. group-based learning, workshops, demonstrations, etc.)	What learning assessment activities were utilized to enable participants to assess their achievement? (i.e. case studies, problem solving activities, post-tests, multiple choice questions, hands-on demonstration, etc.)
Example:	*Explain the differences between NPH and regular insulin*	*Table listing the pharmacokinetic properties of the insulin agents*	*Two patient case study presentations*	*First case was assessed by participant individual and then group discussion. Second case was presented as the post-test with multiple choice responses.*
1.				
2.				
3.				
4.				
5.				

Return to: Continuing Pharmacy Education Department◆Illinois Council of Health-System Pharmacists◆4055 N. Perryville Rd.◆ Loves Park, IL◆ 61111◆815/227-9292◆815/227-9294 (fax)

Activity Planning Instrument – Pharmacy Technicians

See page 8 for guidance

Directions: Please complete this form by defining the learning objectives and providing documentation for how the activity development process (instructional materials, learning methods and learning assessment) supports the activity's learning objectives.

Activity Title:	
Universal Activity Number:	

Please list the activity's learning objectives below		**What instructional materials were utilized to meet this objective?** (i.e. outlines, slides, case studies, computer-assisted techniques, etc.)	**What active learning methods were utilized to meet this objective?** Please indicate those methodologies that fostered active participation in learning (i.e. group-based learning, workshops, demonstrations, etc.)	**What learning assessment activities were utilized to enable participants to assess their achievement?** (i.e. case studies, problem solving activities, post-tests, multiple choice questions, hands-on demonstration, etc.)
Example: *Explain the differences between NPH and regular insulin*		*Table listing the pharmacokinetic properties of the insulin agents*	*Two patient case study presentations*	*First case was assessed by participant individual and then group discussion. Second case was presented as the post-test with multiple choice responses.*
1.				
2.				
3.				
4.				
5.				

Return to: Continuing Pharmacy Education Department◆Illinois Council of Health-System Pharmacists◆4055 N. Perryville Rd.◆ Loves Park, IL◆ 61111◆815/227-9292◆815/227-9294 (fax)

Speaker
Conflict of Interest Declaration

See pages 4-6 for guidance

Presentation/Activity Title:____

Speaker Name: ____

☐ Planner ☐ Speaker/Faculty ☐ Content Specialist ☐ Moderator

PART 1: TO BE COMPLETED BY PARTICIPANT (read ACPE guidelines on non-commercialism)

☐ I or my spouse/partner have no actual or potential conflict of interest in relation to this activity.

☐ I or my spouse/partner have a financial interest/arrangement, affiliation or relationship with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this activity, including but not limited to:

	Self	Spouse/Partner
Consultant/Clinical investigator: ___________________________________	☐	☐
Grant/research support: ____	☐	☐
Stockholder: ____	☐	☐
Speaker's Bureau/governing board: _____________________________	☐	☐
Other financial/material interest: ______________________________	☐	☐

I understand the above information will be disclosed to the audience in advance of the activity verbally (for live activities) and in print. My disclosure provided above is accurate for the past 12 months. All recommendations involving clinical medicine in my presentation are based on evidence that is accepted within the health profession as adequate justification for their indications and contraindications in the care of patients. All scientific research referred in, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.

I understand that I must submit activity material (i.e. slides, handout, home study program) at least 4 weeks in advance of the event so that it may be reviewed for conflict of interest/potential bias. By signing this document I have read and agree to all the set requirements and guidelines set forth by the provider.

___________________________________ ___________________

Signature ***Date***

PART 2. TO BE COMPLETED BY COURSE DIRECTOR

If conflict of interest are present, the conflicts were resolved by the following process (check one):

☐ Peer review ☐ Individual ended relationship ☐ Selected an alternative person

☐ Other__________________________________

☐ In room monitor found bias: YES ☐ NO ☐

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This form must be returned before your presentation / document can be accredited.

Your cooperation in complying with these guidelines is appreciated.

(If fellow/resident/
student Presentation)

Preceptor Mentor
Conflict of Interest Declaration

See pages 4-6 for guidance

Presentation/Activity Title:____

Preceptor Mentor Name ____

☐ Planner ☐ Speaker/Faculty ☒ Content Specialist ☐ Moderator

PART 1: TO BE COMPLETED BY PARTICIPANT (read ACPE guidelines on non-commercialism)

☐ I or my spouse/partner have no actual or potential conflict of interest in relation to this activity.

☐ I or my spouse/partner have a financial interest/arrangement, affiliation or relationship with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this activity, including but not limited to:

	Self	Spouse/Partner
Consultant/Clinical investigator: ______________________________	☐	☐
Grant/research support: ______________________________	☐	☐
Stockholder: ______________________________	☐	☐
Speaker's Bureau/governing board: ______________________________	☐	☐
Other financial/material interest: ______________________________	☐	☐

I understand the above information will be disclosed to the audience in advance of the activity verbally (for live activities) and in print. My disclosure provided above is accurate for the past 12 months. All recommendations involving clinical medicine in my presentation are based on evidence that is accepted within the health profession as adequate justification for their indications and contraindications in the care of patients. All scientific research referred in, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.

I understand that I must submit activity material (i.e. slides, handout, home study program) at least 4 weeks in advance of the event so that it may be reviewed for conflict of interest/potential bias. By signing this document I have read and agree to all the set requirements and guidelines set forth by the provider.

______________________________ ____________________
Signature ***Date***

PART 2. TO BE COMPLETED BY COURSE DIRECTOR

If conflict of interest are present, the conflicts were resolved by the following process (check one):

☐ Peer review ☐ Individual ended relationship ☐ Selected an alternative person

☐ Other______________________________

☐ In room monitor found bias: YES ☐ NO ☐

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This form must be returned before your presentation / document can be accredited.

Your cooperation in complying with these guidelines is appreciated.

SPEAKER INTRODUCTION FORM

The information on this form will be used to write the script for your session. ICHP would like to introduce you as you prefer. If you do not complete and return this form, your introduction will be based on your curriculum vitae and will be very concise.

I would like to introduce ______________________________ (speaker's name)

______________________________ (preferred name/prefix) obtained his / her

______________________________ (degree)

from ______________________________ (college or university);

and ______________________________ (degree) from

______________________________(college or university).

He/She also completed ______________________________ (residency or certification)

at/from ______________________________ __________ ________ .

He/She is ______________________________ (current employment position).

at ______________________________ (employer).

(Please list any other special information about you which you would like mentioned, for example: Awards, Committees and Organizations with which you have served, etc)

____

____

____

____

____

The title of ______________________________ 's (speaker's name)

presentation is ______________________________.

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REQUEST FOR TAX PAYER IDENTIFICATION NUMBER

(This must be completed and signed if you are receiving a monetary honorarium or any reimbursement.)

Name: ____

Mailing Address: ____

City/State/Zip: ____

Home phone: (_____) ____________________

Social Security Number: ______________________________________
or
Federal Tax ID Number: ______________________________________

Signature: ______________________________________

(Must be signed if receiving an honorarium.)

Do NOT Email this Form.

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Audio-Visual and Handout Request Form

Speaker Name: ____

Presentation/Activity Title: ____

The following AV equipment is provided for every ICHP accredited CPE presentation.

Please bring your presentation on USB Flash Drive as back up.

Standard AV Equipment

- LCD projector for PowerPoint presentation (Sceen is provided with any LCD projector)
- Podium
- Podium or lavaliere microphone
- Hand held microphone (for Q&A)
- Laptop

Possible Additional Requirements

If you need additional AV equipment due to the nature of your presentation, please indicate what items you need in the lines below.

** These items require advanced approval of the planning committee*

☐ Flip Chart with Markers

☐ Internet Access * (Approval dependent on budget)

☐ Other items* ____

Handout Materials

All slides will be re-formatted as handouts with 6 slides per page for attendees to download from the website meeting page (dependent on the meeting type). Please indicate below if you prefer a different format for handouts. Please keep in mind the cost to participants, of paper and ink when they print the handouts.

Please email your presentation or handout materials.

Non-Standard Slide Format for Handouts

☐ Outline with no slides

☐ Three slides per page (with notes section)

☐ Other____

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ICHP Continuing Pharmacy Education

Documentation of Understanding

By signing below, I acknowledge that I have read my confirmation letter and all supporting documents such as the Speaker Handbook and podcasts and understand my requirements for presenting a continuing pharmacy education program.

Name:

Presentation title:_______________________________________

____
(written signature)

Date:_________

Please sign and fax to the ICHP office upon receipt of the confirmation letter. Fax: (815) 227-9294. Or you may scan and email to TrishW@ichpnet.org.