[Insert Speaker’s Name and Credentials},

Thank you for agreeing to present at the [Insert Activity Name].  Attached is your letter of confirmation that includes specific details about the event and your involvement.

As a speaker for this activity, we will need additional information from you. **Please complete the required tasks at the links provided *and* return this speaker form no later than 6:00 pm CST on <<date>> by emailing it to** <<email address>>**.** *If you have any questions or have trouble completing these tasks, or the speaker form, by the specified date, please call <<phone>> or email <<email address>> for assistance.*

**Accreditation Requirements**

This activity will be accredited for CE/CME. We need the following by **[Insert Due Date]:**

* **Complete the Disclosure of Relevant Financial Relationships** [**form**](https://uams.cloud-cme.com/Form.aspx?FormID=478)
	+ Please note the CloudCME system will require you to create a username and password if you do not already have one.
		- If you are an UAMS employee, select the Sign In link at the top of the page. If you are on-campus, you can select ***Sign in with your UAMS ID***. If you are an UAMS employee who is completing the online form off campus (including on the ACH or VA campus), select ***Sign in with your email and password.***
		- If you are not an UAMS employee and have never accessed the UAMS CloudCME system before, please select the **Sign Up Now** button and complete the steps to create an account.
		- Call 501-661-7962, M-F, 8-4:00 CST if you need assistance.

**Short bio**

We will have a moderator who will use this bio to introduce you to the participants.

**Title of Presentation**

Please type the title *exactly* as you want it to appear in agendas, course materials, marketing, etc.

**Objectives**

Please provide at least 3 measurable learning objectives for your presentation. If needed, visit our website for more information about [writing measurable learning objectives](https://ce.uams.edu/wp-content/uploads/sites/85/2018/10/Verbs-for-Learning-Objectives.pdf) .

**Presentation Slides**

* Upload your presentation to **<<box link>>** by **<<Insert Due Date>>.**
* A CE/CME accreditation review of your slides will be completed. Therefore, we need to receive them by the due date.
* **Remember:**
	+ Use generic names for drugs or medical equipment in both the written and verbal presentation.
	+ If you use pictures of medications or equipment, please be sure they do not show a product name or logo.
	+ Do not use slides from pharmaceutical or medical equipment companies nor include their logos in your presentation.
	+ If you use pictures of patients, ensure you are [HIPAA compliant](https://www.accme.org/highlights/important-reminder-protecting-patient-information-images-used-accredited-cmece).
	+ Avoid using [patient identifying information](https://thereadingroom.mrionline.com/2020/08/protecting-patient-information-in-medical-presentations/) as in compliance with HIPAA.
	+ Provide a list of peer-reviewed references on a slide.

**Travel**

If you will be traveling to present at this CE/CME activity, we will make your travel arrangements to ensure meeting all institution and state requirements UAMS must meet for travel.

* If you need special arrangements, please contact our office at <<phone number>> or <<email>>.
* **Please do not make your own arrangements unless you have spoken with our department first**. Please be aware that UAMS must abide by all Arkansas state laws and guidelines for travel. *We may not be able to reimburse you for your travel expenses if it is not approved in advance.*
* We want your travel to meet your needs and will do our best to accommodate your preferences. Therefore, please complete the following information:

Preferred airline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred departure date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred departure time:\_\_\_\_\_\_\_\_\_

 Preferred return date: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred return time: \_\_\_\_\_\_\_\_\_\_\_\_

 Do you need any special accommodations? \_\_\_\_\_Yes \_\_\_\_\_\_\_No

If yes, please indicate what is needed.

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**Attachments** Please attach the following with this form.

|  |  |
| --- | --- |
|  | CV |