

Speaker Confirmation Form

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| CME Program: | | Activity Date: | |
| CME Program Contact: | Email: | Phone: | Fax: |

Speaker Information

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| Name: | Title: |
| Affiliation: | City/State: |
| Email: | Phone: |

Presentation Details

Presentation Title: _____

Learning Objective(s) for Participants: List at least **one objective** indicating what the physician learner should be able to DO as a result of the lecture or learning activity. Objective(s) should reflect participants' learning (rather than what the speaker plans to accomplish). Performance-oriented learning objectives begin with verbs such as *analyze, apply, assess, determine, differentiate, diagnose, evaluate, identify, interpret, manage, propose, recommend, relate, use or utilize.*

Competencies Addressed: The presentation should address at least one or two of the ACGME or IOM competencies. Please indicate the PRIMARY (mark as #1) and SECONDARY (mark as #2) competencies addressed by your presentation on the following list.

ACGME Core Competencies

- _____ Patient Care
- _____ Medical Knowledge
- _____ Practice-based Learning and Improvement
- _____ Interpersonal and Communication Skills
- _____ Professionalism
- _____ Systems-based Practice

Institute of Medicine (IOM) Core Competencies

- _____ Patient-centered Care
- _____ Work in interdisciplinary teams
- _____ Employ evidence-based practice
- _____ Apply quality improvement
- _____ Utilize informatics

Permission for Presentation Telecasting, Streaming, and Electronic Posting

I understand and agree that my presentation, voice, image and/or likeness may be digitally recorded at the above CME Program Activity. While the presentation continues to be my intellectual property, I give permission for Eastern Virginia Medical School to telecast, stream, post electronically, or use the recording for academic purposes only. Any further use will be permitted only after I have given specific written approval. I hereby certify that the use of my image and/or presentation does not, to the best of my knowledge, information, and belief, violate any federal or Virginia laws, rules, or regulations, or the rights of any other person or organization. I agree to hold EVMS, its officers, directors, employees, affiliates, successors and assigns, from any and all liability from claims against EVMS arising out of my presentation.

NOTE: Presenter's ORIGINAL (not typed) signature is required.

Signature: _____

Date: _____

IMPORTANT INFORMATION:

- The presentation must be run from an EVMS computer connected to our network to be broadcast. Please have your PPT presentation formatted for Windows and saved on a portable drive.
- LCD projector, computer & laser pointer will be provided. If additional equipment is required please send your request to the CME Program Contact above.
- If you have handouts to be copied for distribution, please send them to the CME Program Contact one week in advance.
- If not using the EVMS venue computer – you must arrive 30 minutes prior to the scheduled start time. Media Services will be on-hand to assist in setup and testing. All presentations should be in 16:9 aspect ratio, or widescreen, for the best viewing experience. Please send media files 48 hours ahead of time to Live@evms.edu. If media files are too large to email, navigate to SendIt.evms.edu and click *Sign up here*. Enter Live@evms.edu in Recipients, including the date, time and topic in the Message field. Email Live@evms.edu with questions regarding EVMS audiovisual support/services or dial 757.446.0556.
- All flash drives connected to EVMS laptops or desktops, must be encrypted. Contact EVMS' Academic Computer Center at CompHelp@evms.edu for questions regarding encryption.