



# KAPA 2018 FALL CME SYMPOSIUM – SPEAKER AGREEMENT

## DEADLINE TO SUBMIT AGREEMENT

Please return this agreement with the following supporting forms, documents and other items to [bswartz@kentuckypa.org](mailto:bswartz@kentuckypa.org) or by fax 859-271-0607. Links to these are also on the speakers only section of the symposium webpage at <http://kentuckypa.org/2018-fall-symposium>. The due date is October 3, 2018.

- [W-9 Form](#)
- [Biography Upload](#)
- [CME Faculty Disclosure](#)

## CONTACT INFORMATION

Full Name (include certifications/designations): \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Communication Method: \_\_\_\_\_

## HONORARIUM INFORMATION

Faculty for the 2017 Fall CME Symposium receive a \$500.00 honorarium for presenting one session; \$750.00 for presenting two or more sessions. Please fill out the following preferences regarding the delivery of the honorarium payment. You must fill out and return an [W-9 form](#) for payment processing.

- Mail my honorarium to me after the program using the address above
- Mail my honorarium to me after the program using the address below

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

- I would like to receive my honorarium on site at the program

*\*Advance payment of a faculty honorarium is not an option.*

## PRESENTATION SCHEDULE VERIFICATION

Please verify the following information regarding your session by selecting it from the drop-down lists below. Refer to the email sent with the speaker invitation for the date, day and time. If you need to update the title, there is an area below to do so. If there is conflict with the date or time, please contact Ben Swartz at 859-977-7452 to discuss options.

**Note:** Please allow enough time (approximately five to ten minutes) near the end of your session for a question and answer period.

### THURSDAY, NOVEMBER 1 – PROGRAM SESSIONS

### FRIDAY, NOVEMBER 2 – PROGRAM SESSIONS

### SATURDAY NOVEMBER 3 – PROGRAM SESSIONS

Updated Session Title/Comments:  
(only if different from above)

## PRESENTATION INFORMATION

In order to obtain CME credit for your session, we need learning objectives for your session. The accreditation process requires a minimum of three learning objectives. Suggested sample objectives were included in your email invitation. Feel free to use, edit or modify these or create your own learning objectives for the session. As we move closer to the conference, if you would like to make changes to these learning objectives, please contact [bswartz@kentuckypa.org](mailto:bswartz@kentuckypa.org).

### **Learning Objectives:**

## PRE/POST SESSION OUTCOMES MEASURE QUESTIONS

If grant funding is secured for your session, KAPA is required to complete a Level 4 Outcomes Evaluation Measurement. Participants will complete 3 multiple-choice questions concerning the CME presented before and immediately after the CME presentation. This measures learning, or change in knowledge that has occurred as a result of the activity. The pre-/post-activity questions will be directly related to and derived from the learning objectives.

### 3 – Multiple-Choice Questions Derived from Learning Objectives:

## AUDIO VISUAL PRESENTATION NEEDS/REQUESTS

As a standard, all meeting rooms are equipped with the appropriate screen(s), LCD projector(s), laptop computer with MS Office (including PowerPoint), wireless mouse, podium microphone, tabletop microphones and wireless microphones for audience participation.

### Please indicate items you plan to use for your presentation below:

- PowerPoint Presentation
- Video Clip/Movie (DVD, Digital: WMV, AVI, MPEG)
- PollAnywhere (audience response system)
- Podium Microphone
- Lavalier Microphone
- Other: \_\_\_\_\_

### If using your own laptop/computer, what kind is it?

- PC/Windows OS X
- MAC OS X\*
- iPad, Surface Pro, Tablet

\*If using a MAC, iPad, MS Surface/Pro, you will need to bring the appropriate video adapter for VGA or HDMI connection.

## AGREEMENT/SIGNATURE

Please return this agreement with the above mentioned supporting items, forms and documents no later than Thursday, October 1, 2018 to [bswartz@kentuckypa.org](mailto:bswartz@kentuckypa.org) or fax 859-271-0607.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any questions, please contact Ben Swartz at 859-977-7452 or [bswartz@kentuckypa.org](mailto:bswartz@kentuckypa.org).