



KAPA 2020 FALL VIRTUAL CME SYMPOSIUM – SPEAKER AGREEMENT

AGREEMENT SUBMISSION

Please return this agreement with the following supporting forms, documents and other items to bdoty@kentuckypa.org or by fax to 859-271-0607.

- [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 2020 Fall Virtual 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.

- I would like to donate my honorarium back to KAPA
- I would like to receive a comped 2020 conference registration instead of honorarium
- 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 filling out the below section. Refer to the email sent with the speaker invitation for the date, day and time. Please update your session title if needed. If there is conflict with the date or time, please contact Brian Doty at 859-977-7452 or email bdoty@kentuckypa.org to discuss options.

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

| Session Date | Session Time | Session Title |
|--------------|--------------|---------------|
| | | |
| | | |
| | | |

Updated Session Title:
(only if different from above)

Notes/Additional Information for KAPA CME Committee:

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.** As we move closer to the conference, if you would like to make changes to these learning objectives, please contact bdoty@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 (Digital: WMV, AVI, MPEG)
- PollAnywhere (audience response system)
- Podium Microphone
- Lavalier Microphone
- Other: _____

***UNLESS OTHERWISE NOTED WITH KAPA STAFF: You must provide all hardware needed for audience activities.**

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 Friday, September 4, 2020 to bdoty@kentuckypa.org or fax 859-271-0607.

Print Name:

Signature

Date

If you have any questions, please contact Brian Doty at 859-977-7452 or bdoty@kentuckypa.org.