8156 S. Wadsworth Blvd. Unit E #177, Littleton, CO 80128 | spp@aoeconsulting.com | (720) 625-8271

**Redacted Workshop Proposal Form**

1. **Proposed Workshop Title:** Click or tap here to enter text.
2. **\*Director(s) Names & Institutional Affiliations (a minimum of two presenters is strongly encouraged):**

|  |  |
| --- | --- |
| Full Name & Credentials: | Click or tap here to enter text. |
| Title(s): | Click or tap here to enter text. |
| Affiliation(s) | Click or tap here to enter text. |
| Department (if applicable): | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Address 2: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |

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| --- | --- |
| Full Name & Credentials: | Click or tap here to enter text. |
| Title(s): | Click or tap here to enter text. |
| Affiliation(s) | Click or tap here to enter text. |
| Department (if applicable): | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Address 2: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |

**\*Please submit a CV for each proposed Course Director along with this proposal.**

1. **Learning Objectives:** What are the learning objectives of this proposed workshop? The learning objectives should be specific and measurable.

**Instructions:** Insert the learning objectives below (minimum of three).

Upon completion of this activity, participants will be able to:

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| Click or tap here to enter text. |
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| Click or tap here to enter text. |

1. **Please provide a brief description of the proposed workshop based on the educational need(s) of learners.**
	1. ***Note*: Situations in which an educational need might arise include identified gaps in research and/or practice (i.e., what is currently being done versus what should be done), new research and advances in the field, challenging cases, etc.**

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| Click or tap here to enter text. |

1. Please provide a brief outline of the proposed workshop with topics and time allotted per topic (***Note***: A total of 90 minutes is allotted, inclusive of Q&A and a virtual slide review)

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| --- | --- | --- |
| **Time (XX:XX – XX:XX)** | **Presentation Title/Topic** | **Presenter(s)** |
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**Additional Comments (if applicable):**

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| Click or tap here to enter text. |

Please read the Course Director Responsibilities and Speaker Responsibilites that follow. If your initial workshop proposal is approved by the SPP Education Committee, please note that you will be required to complete the full *Workshop Proposal Form* to ensure adherence to ACCME Criteria and Standards.

Please sign and date indicating your understanding and acceptance of the responsibilites and requirements.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

***For Internal Use Only (do not complete):***

Version:

Date Submitted:

Status:

Meeting(s), if applicable:

**Course Director Responsibilities**

* Collaborate with members of the SPP Education Committee to ensure adherence to ACCME Criteria, Standards and policies including appropriate documentation.
	+ *Note*: This may include revisions to the Workshop Proposal Form prior to approval and/or revisions to an approved Workshop Proposal Form during the approved duration should evaluation data or other factors warrant updates.
* Provide oversight of the workshop to ensure that the professional practice gap(s) and corresponding educational need(s) identified are addressed through the individual presentations.
* Serve as a liaison with speakers, as is needed.
* Serve as a key point-of-contact for SPP Staff regarding workshop-related matters.
* Serve as a moderator for Q&A, as is needed.
* **Submit virtual slides at least two weeks in advance of the workshop.**
* Acknowledgement that the Society for Pediatric Pathology retains full authority over the accredited CE activity.

**ACCME Standard Regarding Employees/Owners/Co-Owners/Founders/Co-Founders**

Per the ACCME, employees, owners, co-owners, founders or co-founders of an ACCME defined ineligible company must be excluded from controlling content or participating as planners or faculty in accredited education.

Per the ACCME, “Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund.”

The SPP *Financial Relationships Disclosure Form* requires that individuals disclose if they are an employee, owner, co-owner, founder or co-founder of an ACCME-defined ineligible company. If a speaker discloses such a relationship, he/she/they may need to be replaced. The SPP reviews each situation on a case-by-case basis.

**Speaker Responsibilities**

All speakers will be sent a formal faculty invitation letter by the SPP outlining the timeline for submission of required materials as well as requirements for accredited CE. Speakers will be required to sign-off on their agreement to the terms outlined in the letter including but not limited to the following:

* All recommendations for patient care in the activity, must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
* All scientific research referred to, reported, or used in the activity, in support or justification of patient care recommendation, must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
* The content will not advocate for unscientific approaches to diagnosis or therapy, nor promote recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
* The content or format of the educational activity or its related material must promote improvements or quality in healthcare and not a specific proprietary business interest or ineligible company.
* Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
* Disclosure of unlabeled or unapproved uses of drugs or devices to which you may refer in your presentation, as may be applicable
* Use generic drug names, if applicable, when discussing therapeutic options
* Presentations should include references, as appropriate.
* Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
* Presentations must support the overall workshop learning objectives.

Below is a sample of items to be requested from each speaker:

* Speaker Registration Form
* Signed Speaker Agreement
* *Financial Relationships Disclosure Form*
* Release and Consent Form
* Photograph
* W-9 (if required)
* Speaker Content Template, inclusive of the following:
	+ Session Title
	+ Learning Objectives
	+ Abstract
	+ Biography
	+ References
* Case Based Questions, as applicable
* Presentation Slides