

AZPA EDUCATIONAL PROPOSAL PLANNING WORKSHEET

INSTRUCTIONS

Thank you for your interest in submitting an educational proposal. Use this form to plan your session. To officially submit your proposal, all information on this form must be entered into the online submission form: <https://forms.office.com/r/pEZzAwrpXb>. Only proposals submitted online via the website will be considered for presentation.

Proposal Deadlines:

- **Spring Clinical Conference:** November 30th
- **Annual Convention:** December 31st
- **Fall Conference:** May 31st
- **Podcast:** N/A
- **Journal Article:** N/A
- **Webinar:** N/A

Resources:

- CPE Presenter/Author Handbook

If your proposal is accepted for presentation, **you must be a current member of AzPA (non-pharmacists/technician excluded) through the time of the presentation at the meeting.** AzPA will not consider submissions by a third-party representative acting on behalf of another.

SUBMITTER ACCOUNT INFORMATION

Please fill out the information completely as you would like it to appear in print – no nicknames or abbreviations. Fields with an asterisk (*) are required. Consider providing your personal email address to ensure receipt of communications from AzPA. Many organizations use firewalls which may block these communications.

Personal Information:

| | | |
|---|------------------|-------------------|
| *First: | Middle: | *Last: |
| *Degrees/Credentials: | Not applicable | |
| *Preferred Email: | Alternate Email: | |
| * Cell Phone: | Fax: | |
| *Home Address Line 1 (Street Address): | | |
| Home Address Line 2 (Apt, Suite, Bldg. (optional)): | | |
| *City: | *State/Province: | *Zip/Postal Code: |

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Employer/Company Information: *You must provide the address of your primary position/employer. AzPA will not send you anything to your business address. The information will be used in proposal/activity publications only.*

| | | |
|---|------------------|-------------------|
| *Employer/Organization: | | |
| *Position/Title: | *Office Phone: | |
| *Company Address Line 1 (Street Address): | | |
| Company Address Line 2 (Apt, Suite, Bldg. (optional): | | |
| *City: | *State/Province: | *Zip/Postal Code: |

TASKS: YOU MUST COMPLETE ALL TASKS TO SUBMIT YOUR PROPOSAL.

TASK #1: PROPOSAL DETAILS

Which CPE activity are you applying for:

- ☐ Spring Clinical Conference
- ☐ Annual Convention
- ☐ Fall Conference
- ☐ Podcast
- ☐ Journal Article
- ☐ Webinar

Proposal Title:

A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation.

| |
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Description and Overall Purpose of educational proposal:

Brief description, justification, and overall purpose of this educational session that will entice your audience to attend and set realistic expectations of the content:

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Select the general topic category that best describes your proposal (Select ONE):

- ☐ Administrative Practice/Management/Financial Management/Human Resources
- ☐ Ambulatory Care
- ☐ Cardiology/Anticoagulation
- ☐ Chronic/Managed Care
- ☐ Clinical Services Management
- ☐ Clinical Topics/Therapeutics
- ☐ Complementary Alternative Medicine (Herbals, etc.)
- ☐ Community Pharmacy
- ☐ Compounding
- ☐ Critical Care
- ☐ Drug Information/Drug Use Evaluation
- ☐ Emergency Medicine
- ☐ Emergency Preparedness
- ☐ Geriatrics
- ☐ Home Care
- ☐ Infectious Diseases/HIV
- ☐ Informatics/Technology/Automation
- ☐ Investigational Drugs
- ☐ IV Therapy/Infusion Devices
- ☐ Leadership Development
- ☐ Nuclear Pharmacy
- ☐ Nutrition Support
- ☐ Oncology/Hematology
- ☐ Operating Room Pharmacy
- ☐ Pain Management/Palliative Care
- ☐ Pediatrics
- ☐ Pharmacokinetics
- ☐ Pharmacy Law/Regulatory/Accreditation
- ☐ Pharmacy Technicians/Competencies/Development/Other
- ☐ Precepting/Preceptor Skills/Education and Training
- ☐ Professionalism and Career Development
- ☐ Psychiatry/Neurology
- ☐ Safety/Quality
- ☐ Small and/or Rural Practice
- ☐ Specialty Pharmacy
- ☐ Telehealth/Digital Health
- ☐ Toxicology
- ☐ Transplant/Immunology
- ☐ Women's Health

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Educational Level of Content (Select ONE):

- ☐ **General interest:** level designation not applicable to this session.
- ☐ **Intermediate:** Basic knowledge of the specific content area is suggested but, extensive experience is not necessary.
- ☐ **Advanced:** General working knowledge of the specific content area suggested, information will be provided to expand current expertise.

If you indicated that your proposal includes "Advanced Level of Content", for which of the following specialties is the content most relevant? *Select all that apply*

- ☐ Board Certified Ambulatory Care Pharmacist (BCACP)
- ☐ Board Certified Cardiology Pharmacist (BCCP)
- ☐ Board Certified Critical Care Pharmacist (BCCCP)
- ☐ Board Certified Geriatric Pharmacist (BCGP)
- ☐ Board Certified Infectious Diseases Pharmacist (BCIDP)
- ☐ Board Certified Pediatric Pharmacy Specialist (BCPPS)
- ☐ Board Certified Pharmacotherapy Specialist (BCPS)
- ☐ Board Certified Sterile Compounding Pharmacist (BCSCP)
- ☐ Not applicable (N/A)
- ☐ Other: Click or tap here to enter text.

Do you intend your proposal to be considered for Continuing Pharmacy Education?

- ☐ Yes
- ☐ No

TASK 2: PRACTICE GAP

Describe the practice gap(s) that this session will address below:

PRACTICE GAP = the difference between **actual/current** and **ideal/desired** performance and patient outcomes. What is the problem or gap that you intend to fix through this educational session? The **need** for this session is validated because there is a practice gap that must be closed in order to attain desired or ideal practice.

What is the ACTUAL/CURRENT practice?

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What is the IDEAL/DESIRED practice?

TASK #3: NEEDS ASSESSMENT

The purpose of doing a “Needs Assessment” is to systematically gather information, then utilize this information to formulate and determine instructional (educational) solutions to close the GAP between what the audience does know or do and what the audience should know or do. **(Select at least two from the list below)**

| INFERRED NEED | PROVEN NEED | VERBALIZED NEED |
|--|---|--|
| <input type="checkbox"/> Legislative/Regulatory Change | <input type="checkbox"/> Expert Opinion | <input type="checkbox"/> Needs Assessment Survey |
| <input type="checkbox"/> New/Updated National Guidelines | <input type="checkbox"/> Epidemiologic Data | <input type="checkbox"/> Request from a Pharmacy Partner/Health Care Team Member |
| <input type="checkbox"/> New Drugs/Treatment | <input type="checkbox"/> Legislative/Regulatory Requirement | <input type="checkbox"/> AzPA Board, Committee, Staff |
| <input type="checkbox"/> Hot Topic | <input type="checkbox"/> Licensure/Board/Recertification Requirements | <input type="checkbox"/> Regularly Scheduled Series* |
| <input type="checkbox"/> New Technology, Assays, Methods, Techniques | <input type="checkbox"/> Statistics-DHS/Infection Control | <input type="checkbox"/> Patient Problem Inventories |
| | <input type="checkbox"/> Peer-Reviewed Literature (List <u>2</u> citations below) | |
| | <input type="checkbox"/> Morbidity/Mortality | |
| | <input type="checkbox"/> Quality assurance/audit data/ Incident/event reporting systems | |
| <input type="checkbox"/> Other: | | |

Regularly Scheduled Series. A regularly scheduled series (RSS) is a series of multiple live CPE sessions that occur on an ongoing, scheduled basis (e.g., weekly, monthly, quarterly). Examples: grand rounds, tumor boards, morbidity and mortality (M&M) conferences, and journal club. Regularly scheduled series are distinct from CPE activities which are repeated offerings of the same educational activity to different audiences.

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Identify the name of expert, guideline, research, etc. for your needs assessment choices from above:

What does the expert, guideline, research or other says that supports the need?

TASK #4: LEARNING OBJECTIVES & ASSESSMENT OF LEARNING

ACPE requires active learning and learning assessment for each session objective. Only proposals with these elements will be considered by the CE Committee. You must have at least two learning objectives with corresponding active learning strategies and learning assessment.

Learning Objectives for each CPE activity define what the pharmacists and technicians should be able to do at the completion of each CPE activity and must meet all the following criteria:

- Appropriate for the CPE activity type (Knowledge verse Application)
- Specific and measurable to address the identified educational need
- Should describe only one behavior or outcome
- Addressed by an active learning activity
- Covered by a learning assessment
- Appropriate according to scope of practice

ACPE requires an active learning strategy/activity AND a learning assessment for EACH session objective.

When writing learning objectives, use one of the verbs in the table below that corresponds to the activity type: Knowledge or Application.

Note: Application based activities can also include some Knowledge-based learning objectives, but the main focus of the overall activity must be skill-based.

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SESSION DEVELOPMENT GUIDE

The **Session Development Guide** will give you information on writing learning objectives, creating instructional strategies, and developing mechanisms to assess learning according to activity type.

DEVELOPING LEARNING OBJECTIVES ACCORDING TO ACTIVITY TYPE

| KNOWLEDGE-BASED ACTIVITY <i>Designed primarily for participants to acquire factual knowledge.</i> | | APPLICATION-BASED ACTIVITY <i>Designed primarily for participants to apply the information learned in the allotted timeframe.</i> | | | |
|--|--|--|--|--|---|
| KNOWLEDGE <ul style="list-style-type: none">• Cite• Define• Describe• Identify• Label• List• Match• Name• Order• Select• State | COMPREHENSION <ul style="list-style-type: none">• Describe• Discuss• Estimate• Give example(s)• Identify• Select• Summarize | APPLICATION <ul style="list-style-type: none">• Apply• Assign• Change• Choose• Interpret• Modify• Predict• Solve• Use | ANALYSIS <ul style="list-style-type: none">• Adjust (as in dose modification)• Analyze• Apply• Calculate• Categorize• Choose• Compare• Contrast• Differentiate• Identify• Interpret• Prioritize• Select | SYNTHESIS <ul style="list-style-type: none">• Categorize• Combine• Compose• Construct• Create• Counsel (a patient-Tell)• Design• Develop• Plan• Recommend (Tell)• Summarize | EVALUATION <ul style="list-style-type: none">• Assess• Choose• Compare• Conclude• Contrast• Counsel• Critique• Estimate• Evaluate• Justify• Interpret• Rate• Predict• Select• Summarize• Rank• Rate• Recommend• Validate |
| LEARNING OBJECTIVE EXAMPLES: Summarize how to perform effective distribution and non-distribution activities in the operating room. List ways clinical surveillance systems can provide cost savings. Describe leadership strategies, tactics, and critical thinking skills needed in complex environments. | | LEARNING OBJECTIVE EXAMPLES: Recommend strategies for solving cases involving how to perform effective distribution and non-distribution activities in the operating room. Using a set of criteria, evaluate ways in which clinical surveillance systems can provide cost savings in your institution. Develop a personal action plan for recognizing and applying leadership strategies, tactics, and critical thinking skills needed in complex environments. | | | |

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MATCHING ACTIVE LEARNING STRATEGIES TO ACTIVITY TYPE

The responsibility of the presenters is to ensure that they understand what active learning is and have incorporated active learning strategies into their session. Active learning strategies engage the audience in the activity and should be appropriate for your session type as outlined below.

| Active Learning Strategies | Knowledge-Based Activity | Application-Based Activity |
|--------------------------------------|--------------------------|----------------------------|
| Polling questions | ✓ | ✓ |
| Games and quizzes to practice recall | ✓ | ✓ |
| Demonstration | | ✓ |
| Example with practice | | ✓ |
| Interactive case study | | ✓ |
| Interactive scenario | | ✓ |
| Role play | | ✓ |
| Simulation | | ✓ |
| Think – pair - share | ✓ | ✓ |
| Think – write -share | ✓ | ✓ |
| Application Exercises | | ✓ |
| Practice Exercises | | ✓ |

ASSESSMENT OF LEARNING AND ASSESSMENT FEEDBACK

| Assessment Type | Knowledge-Based Activity | Application-Based Activity |
|-------------------------------|--|--|
| Assessment of Learning | Must include assessment questions structured to determine the recall of facts based on the learning objectives. Techniques can be informal such as audience response systems, color cards, or the raising of hands. | Must include case studies structured to address application of the principles learned based on the learning objectives. |
| Assessment of Feedback | Feedback may include the correct response to questions. For incorrect responses, communicate that a question was answered incorrectly and provide rationale for the correct response. | Feedback may include the correct evaluation of case studies. When responses are incorrect, explain the rationale for the correct responses. |

Note: Make sure Learning Objectives are scope of practice appropriate.

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Submission Category (Select ONE):

- ☐ **Knowledge-based:** Designed primarily for participants to acquire factual knowledge.
- ☐ **Application-based:** Designed primarily for participants to apply the information learned in the allotted timeframe.

Target Audience:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Pharmacists Only |
| <input type="checkbox"/> | Technicians Only |
| <input type="checkbox"/> | Both Pharmacists and Technicians <ul style="list-style-type: none"> <i>Please note you will need specific, scope appropriate objectives and learning assessment questions for each practitioner</i> |

Example: for a Knowledge-Based Session

| Learning Objective: | Learning Assessment & Feedback | Active Learning Strategy: (Choice from list) |
|---|---|---|
| Describe the implications of the new regulatory requirement on pharmacy practice. | Create quiz question about the implications of the new regulation and include rationale of why the answer is correct. | <input checked="" type="checkbox"/> Quiz |

Example: for an Application-Based Session

| Learning Objective: | Learning Assessment: | Active Learning Strategy: (Choice from list) |
|--|---|--|
| Given a description of a specific patient, develop a medication regimen that reflects application of the best evidence and current guidelines. | Provide solution to the case study with evidence-based references and current guidelines being applied. | <input checked="" type="checkbox"/> Interactive case study |

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Pharmacist Learning Objectives:

| | Learning Objectives (Minimum 2 required) | Assessment & Feedback Provide <i>EITHER</i> a Test Question for knowledge-based proposals <i>OR</i> Case Study Question for application-based proposals | Active Learning Strategies Select 1 for each LO from list above. Pay attention to which are appropriate for knowledge vs application-based proposals |
|---|--|---|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Technician Learning Objectives:

| | Learning Objectives (Minimum 2 required) Must be scope appropriate. | Assessment & Feedback Provide <i>EITHER</i> a Test Question for knowledge-based proposals <i>OR</i> Case Study Question for application-based proposals | Active Learning Strategies Select 1 for each LO from list above. Pay attention to which are appropriate for knowledge vs application-based proposals |
|---|--|---|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

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TASK 4: ADDITIONAL REQUIRED INFORMATION

As a pharmacist or pharmacy technician, I agree to have an active AzPA Membership if my proposal is accepted and continue my membership through delivery of the program at the meeting.

☐ I agree ☐ I am not a pharmacist or pharmacy technician

If you are not a pharmacist or pharmacy technician and requesting an exception, please specify:

What supplemental educational materials (such as outlines, forms, background materials, bibliographies, etc.) will you provide to be distributed to attendees in addition to copies of your slides?:

A good educational session provides the learner with more than just copies of slides. To make your session more valuable to the attendees, what supplemental educational materials (such as practice examples, outlines, forms, background materials, bibliographies, etc.) will you provide to be distributed to attendees (electronically) in addition to your slides.

List previous Educational Session/Activity Planning Experiences: *Prior experience is preferred. If you are a PGY1 resident, you must have your RPD or preceptor as a co-contributor. Students can not submit proposals they can however be listed as a co-contributor to a pharmacist's proposal.*

Speaker/Author Expertise and Qualification:

Describe your expertise and qualifications in the topics(s) you are proposing; submitters generally are subject matter experts in the topic.

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Submitter's Attestation:

I attest that I have submitted this proposal on my own behalf and not as a third-party representative acting on behalf of another. If this educational program is accepted, I agree to serve as the program chair.

☐ I Agree

TASK 5: LENGTH OF SESSION (*SELECT ONLY ONE CHOICE*)

ACPE credit is given in 15 minutes increments only. Shorter sessions are preferred by meeting attendees. ACPE no longer allows partial attendance, in order to claim CE an attendee must stay for the entire duration; thus, shorter sessions are desirable.

If you selected Application-Based, your session must be at least 60 minutes.

- ☐ 30 minutes (maximum of 1 presenter)
- ☐ 1 hour (maximum of 2 presenters)
- ☐ 1 hour 30 minutes (maximum of 3 presenters)
- ☐ Other:

TASK 6: SESSION OUTLINE

Prepare a proposed outline of your educational session, include a description and proposed speaker for each topic and include the time allocated to each topic.

| Topic | Description | Proposed Speaker | Time Allotted |
|----------------|--|---------------------|------------------|
| <i>Welcome</i> | <i>Rationale for session/announcements</i> | <i>PC/Moderator</i> | <i>5 minutes</i> |
| | | | |
| | | | |
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TASK 7: PROPOSED CONTRIBUTORS

Add the list of additional contributors to this proposal that will be involved in the development or delivery of this educational session/activity. Submitters are automatically considered Contributor #1.

Will you be the only presenter?

☐ Yes ☐ No

Note: *If you are a PGY1 resident, you must have your RPD or preceptor as a co-contributor. Students can not submit proposals they can however be listed as a co-contributor to a pharmacist's proposal.*

Proposed Contributor #2

| | | |
|--|----------------------------------|----------|
| Name: | Degree(s) and/or Credentials(s): | |
| Position title: | Employer: | |
| City: | State/Province: | Country: |
| Mailing Address: <i>(Include organization if using business address)</i> | | |
| Phone: | | |
| Email: | | |
| Expertise/qualification in the topic(s) you are proposing (Maximum 400 words). | | |

Proposed Contributor #3

| | | |
|---|----------------------------------|----------|
| Name: | Degree(s) and/or Credentials(s): | |
| Position title: | Employer: | |
| City: | State/Province: | Country: |
| Mailing Address: <i>(Include organization if using business address)</i> | | |
| Phone: | | |
| Email: | | |
| Expertise/qualification in the topic(s) you are proposing (Maximum 400 words) | | |

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TASK 8: CLINICAL CONTENT INTEGRITY AND VALIDITY

Dear Prospective Planner/Faculty Member:

As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- ✓ All recommendations for patient care in accredited continuing education 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 accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- ✓ Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
- ✓ Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes 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.

These expectations are drawn from the Standards for Integrity and Independence in Accredited Continuing Education. Please consider using these strategies to help us support the development of valid, high-quality education.

Consider using the following best practices when presenting clinical content in accredited CE:

- ✓ Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.
- ✓ Ensure that, if there is a range of evidence, that the credible sources cited present a balanced view of the evidence.
- ✓ If clinical recommendations will be made, include balanced information on all available therapeutic options.
- ✓ Address any potential risks or adverse effects that could be caused with any clinical recommendations.

Although accredited CE is an appropriate place to discuss, debate, and explore new and evolving topics, presenting topics or treatments with a lower (or absent) evidence base should include the following strategies:

- ❖ Facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
- ❖ Construct the activity as a debate or dialogue. Identify other faculty who represent a range of opinions and perspectives; presentations should include a balanced, objective view of research and treatment options.
- ❖ Teach about the merits and limitations of a therapeutic or diagnostic approach rather than how to use it.
- ❖ Identify content that has not been accepted as scientifically meritorious by regulatory and other authorities, or when the material has not been included in scientifically accepted guidelines or published in journals with national or international stature.
- ❖ Clearly communicate the learning goals for the activity to learners (e.g., "This activity will teach you about how your patients may be using XX therapy and how to answer their questions. It will not teach you how to administer XX therapy").

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I agree to comply with the following CPE integrity statements in the development of my educational program.

- ✓ Recommendations for patient care will 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 this educational activity in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- ✓ If there are new and evolving topics for which there is a lower (or absent) evidence base, it will be clearly identify as such within the educational program.
- ✓ Avoid advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
- ✓ Exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or 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.

☐ Yes

☐ No

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TASK 9: DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

Do you intend for your educational proposal to be accredited for Continuing Pharmacy Education?

☐ Yes

☐ No

Note: If you answered No to this question, you are not required to fill out the financial disclosure questions below.

Is your Educational Proposal addressing a non-clinical topic? (e.g., leadership, communications skills)

☐ Yes

☐ No

Note: If you answered Yes to this question, you are not required to fill out the financial disclosure questions below.

Dear Prospective Planner/Faculty Member:

We are looking forward to having the opportunity to consider your educational proposal. AzPA is accredited by the American Council of Pharmacy Education. We appreciate your help in partnering with us to follow accreditation guidelines and help us create high-quality education that is independent of industry influence.

To participate as a person who will be able to control the educational content of this accredited CE activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past 24 months. We define **ineligible companies** as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education.

Why do we collect this information?

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

What are the next steps in this process?

After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. **Please note: the identification of relevant financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.**

To help us meet these expectations, please use the form we have provided to share all financial relationships you have had with ineligible companies during the past 24 months. This information is necessary for us to be able to move to the next steps in planning this continuing education activity. If you have questions about these expectations, please contact us at education@azpharmacy.org

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| DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM | | |
|--|---|---|
| Name: | | |
| Directions: Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (<i>see definition below</i>). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; please disclose ALL financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education. The Standards for Integrity and Independence require that individuals who refuse to provide this information be disqualified from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. | | |
| Name of Ineligible Company <i>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</i> | Nature of Financial Relationship Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds. | Has the Relationship Ended? <i>If the financial relationship existed during the last 24 months but has now ended, please check the box in this column. This will help determine if mitigation steps need to be taken.</i> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| <input type="checkbox"/> In the past 24 months, I have not had any financial relationships with ineligible companies. | | |
| <input type="checkbox"/> I attest that the above information is correct as of the date of this submission. Signature: Date: | | |

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| COMMUNICATING DISCLOSURE TO LEARNERS: | |
|--|--|
| <p>If there are <u>NO</u> relevant financial relationships: <i>Inform learners that planners, faculty and others in control of content (either individually or as a group) do not have relevant financial relationships with ineligible companies.</i></p> | <p>If there <u>ARE</u> relevant financial relationships: <i>Disclose name(s) of the individuals, name of the ineligible company(s) with which the individual has a relevant financial relationship(s), the nature of the relationship(s), and a statement that all relevant financial relationships have been mitigated.</i></p> |
| <p>Examples:</p> <ul style="list-style-type: none"> · Dr. John Doe, faculty for this CE activity, has no relevant financial relationship(s) with ineligible companies to disclose. · Dr. Jane Smith and Jill Green have no relevant financial relationship(s) with ineligible companies to disclose. · None of the planners for this activity have relevant financial relationships to disclose with ineligible companies. | <p>Examples:</p> <ul style="list-style-type: none"> · Dr. John Doe is on the speakers' bureau for XYZ Company. · Dr. Jane Smith has received a research grant from ABC Company. · All of the relevant financial relationships listed for these individuals have been mitigated. |
| <p>NOTE:</p> <ul style="list-style-type: none"> · Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages. | |

To officially submit your proposal, all information on this form must be entered into the online submission form: <https://forms.office.com/r/pEZzAwrpXb>

Only proposals submitted online via the website will be considered for presentation.