**Speaker Name:**  TYPE SPEAKER NAME  **Activity Date:** MM/DD/YYYY

**Activity Title:** TYPE ACTIVITY and PRESENTATION NAME

**Location of Activity:** LOCATION

This allows speakers to document the professional practice gap/opportunity and serves as supporting documentation and can be used *in place of* a flyer or marketing material.

***Any individual who refuses to disclose relevant financial relationships will be disqualified from this CME Activity***

***Part 1: Biographical Information***

Name (with credentials): TYPE NAME, CREDENTIALS

Title: TYPE TITLE Affiliation: TYPE PRACTICE NAME

Address: PRACTICE ADDRESS City, State: PRACTICE CITY

Email:       Phone: OFFICE PHONE NUMBER

Administrative Contact: ADMIN / OFFICE MANAGER Phone:

Email: ADMIN/ OFFICE MANAGER EMAIL ADDRESS

***Part 2a: Gap Analysis: Why is this discussion needed?***

ENTER GAP

***Part 2b: Gap Analysis: How will this discussion help close the Gap?***

ENTER HOW THE GAP WILL BE CLOSED

***Part 3: Content Information***

Individual Presentation Outlines/Descriptions are required to meet CME Accreditation Requirements.

***If speaking more than once during this activity, complete PART 2 down for each presentation. Use additional copies of this form if needed***

Brief Description of your presentation for the Website: TYPE HERE

***Learning Objectives***

Provide at least two (2) measurable overall objectives for your presentation. After this presentation participants should be able to:

1. TYPE HERE

***Evaluation Questions***

Provide at least two (2) quantifiable questions specific to your presentation that you want the audience to learn, they can be Multiple Choice, Yes/No, True/False or Likert Scaled (Strongly Agree to Strongly Disagree). Provide the answers for each question by typing "(Correct)" after the correct answer where applicable.

1. TYPE HERE

Answer: TYPE HERE



Answer:



Answer:

***References***

One (1) or two (2) for content validation and/or verifying evidence based approach:



***Needs Assessment & Barriers (select all that apply)***

Select the fields that are appropriate:

Evidence-based, peer-reviewed literature

Outcomes data that supports team-based education

Quality care data

Issues identified by colleagues

Problematic/uncommon cases

Ongoing consensus of diagnosis made by physician on staff

Advice from authorities of the field or Societies

Formal or informal survey results of target audience, faculty or staff

Discussions in departmental meetings

Government sources or consensus reports

Board examinations and/or re-certification requirements

New technology, methods or diagnosis/treatment

Legislative, regulatory, or organizational changes impacting patience care

Joint Commission Patient Safety Goal/Competency

***Barriers (select all that apply)***

Select the fields that are appropriate:

None

Provider

Clinical Knowledge/ Skill/ Expertise

Recall/ Confidence/ Clinical Inertia

Peer Influence

Motivation

Cultural Competence

Fear/ Legal Concerns

Team

Roles and Responsibilities

Shared Values and Trust

Communication

Team Structure

Competence

Consensus

Patient

Patient Characteristics

Patient Adherence

System/Organization

Work Overload

Practice Process

Referral Process

Cost/ Funding

Insurance Reimbursement

Culture of Safety

Other

Lack of Opportunity

Not Enough Time