

**Speaker Information Form**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

**Identification of Professional Practice Gaps, Educational Needs, Learning Objectives and Desired Results.  
Please describe below.**

- **Practice Gap:** The difference between health care processes or outcomes observed in practice and those potentially achievable based on current professional knowledge. The difference between the *actual* and *ideal*.
- **Educational Need:** The knowledge and training which will address the identified practice gap.
- **Learning Objective:** The description of what the participant will be able to do at the conclusion of the activity.
- **Desired Results:** The expectation of what the participant will be able to do with the education/information in their practice setting. Must be quantifiable; only desired results/outcomes, which will be measured after the conclusion of the activity, should be included.

<b>Topic</b>	
<b>Professional Practice Gap</b>	
<b>Educational Need</b>	
<b>This is a gap/need of: (check all that apply)</b>	<input type="checkbox"/> <b>Knowledge/Competence</b> <input type="checkbox"/> <b>Performance</b> <input type="checkbox"/> <b>Patient Outcomes</b>
<b>Learning Objective(s)</b>	
<b>Desired Result</b>	

**Each topic must have evidence-based source and a link to access this information via the website or a hard copy of the document must be included with this form.**

1. Evidence source:
2. Link to resource (website or copy of article):

**Do you plan to discuss an unlabeled/unapproved use of a drug or medical device?**

No  Yes, please state what will be discussed

**I attest that I will make every effort to ensure my content for this CME activity will...**

- Be free of advertising, trade/brand names, and product messages;
- Promote improvements or quality in healthcare and not a specific proprietary business interest
- Give a balanced view of therapeutic options, including the use of generic names
- Not be commercially biased in any manner

Yes

No

**Please submit your Curriculum Vitae or Biosketch.**