#  Educational Event Proposal

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| --- | --- | --- | --- |
| **Submission Date:** |  | **Submitted By: Contact Info:** |  |
| **Event Type:** | **Meeting Training Webinar Other Specify:** |
| **Event Title:** |  |
|  |
| **Program Committee Members (minimum of two, preferably three): (Meetings only)** |
|  |
| Name |  | Title |  | Phone |  |
| Degrees |  | Affiliation |  | email |  |
|  |
| Name |  | Title |  | Phone |  |
| Degrees |  | Affiliation |  | email |  |
|  |
| Name |  | Title |  | Phone |  |
| Degrees |  | Affiliation |  | email |  |
|  |
| **Event Overview:** |
|  |
| **Please identify/describe the need for this event: What is the learners’ gap in knowledge? (i.e., what is the****difference between what the cohort of learners *does now* versus what is the *best practice*?)** |
|  |
| **Learning Objectives:**Write one or more learning objective for each identified need. |
| **At the conclusion of this event, participants should be able to (please see verb sheet on page 5):** |
| 1: |  |
| 2: |  |
| 3: |  |
| **Desired Outcome:**List the expected outcome in terms of changed knowledge, skills, and/or performance for each objective. |
| 1: |  |
| 2: |  |
| 3: |  |
|  |
|  |

|  |
| --- |
|  |
|  |
| **Target Audience: What is the learners’ scope of practice (i.e., what is their interest area? How would you describe the type****of work they do?)** |
| 1. |  |
| 2. |  |
| 3. |  |
| **The content level for this program is:****Beginner Intermediate Advanced** |
|  |  |
| **Event Location (City and/or State)** | **Event Date (Month)** |
| 1st Choice: |  | 1st Choice |  |
| 2nd Choice: |  | 2nd Choice: |  |
| 3rd Choice: |  | 3rd Choice: |  |
|  |
| **Length of Event:** |

|  |  |
| --- | --- |
| **Suggested Session Topics:**Suggest four 1.5 hour sessions per day. | **Suggested Session Chairs:**Do not need to be confirmed at time of proposal submission. |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |

|  |
| --- |
| **Additional Information:** |
| Would you like to do a Call for Abstracts? (Meetings only) | Yes No ✔ |
| Would you like to offer a preconference workshop or tutorial? (Meetings only) | Yes No |
| If yes, please indicate the proposed title, topic, and instructor. |  |
| In an effort to avoid scheduling conflicts, please identify any competing organizations or associations that also offer an event on your proposed topic. |  |
| Is there anything additional DIA should know in advance of making a decision regarding your proposal? |  |
|  |
| **Disclosure Information**:Please complete the enclosed disclosure form and return to \_\_\_\_\_\_ with this event proposal.Please note: all program chairs, program committee members, session chairs, speakers and panelists (program participant) will be expected to disclose any relevant financial relationship with the manufacturer(s) of any commercial product(s) and/or providers of commercial services discussed in an educational presentation. |

### PROFESSIONAL INTEREST AREAS

Please list the professional interest areas that the proposed event targets.

#### Please number your selections 1-6 starting with number 1 as the primary

professional interest area to be targeted.

|  |  |  |
| --- | --- | --- |
|  | AP | Advertising & Promotion |
|  | CM | CMC |
|  | CDMeCL | Clinical Data Management / eClinical |
|  | CR | Clinical Research |
|  | CP | Clinical Safety / Pharmacovigilance |
|  | DMeSub | Document Management /eSubmissions |
|  | MF | Manufacturing |
|  | MC | Medical Communications |
|  | MW | Medical Writing |
|  | NC | Nonclinical |
|  | OS | Outsourcing |
|  | CEHTAEbM | Comparative Effectiveness / Health Technology Assessment / Evidence-based Medicine |
|  | PC | Pharmacology |
|  | PR | Pricing / Reimbursement |
|  | PM | Project Management |
|  | PETD | Professional Education, Training & Development |
|  | PPLCC | Public Policy / Law / Corp. Compliance |
|  | QC | Quality Assurance / Quality Control |
|  | RA | Regulatory Affairs |
|  | RD | Research & Development |
|  | ST | Statistics |
|  | SP | Strategic Planning |
|  | ITVA | IT / Validation |

If yes, please list organizations here:

No

Yes

Do you know of a particular mailing list or belong to other organizations that may be interested in your event? Time permitting and if deemed cost effective, \_\_\_\_\_\_\_\_ will consider contacting them to see if labels are available for purchase or if a publication is available in which to advertise.

|  |  |  |  |
| --- | --- | --- | --- |
| Anti-Doping (Fighting Medicines Misuse for Performance Enhancement in Sports) |  | Legal Affairs (LA) |  |
| Chemistry, Manufacturing & Controls/Quality System |  | Marketing & Sales (M&S) |  |
| Clinical Data Management (CDM) |  | Medical Communications (MC) |  |
| Clinical Pharmacology (CP) |  | Medical Science Liaison (MSL) |  |  |  |
| Clinical Research (CR) |  | Medical Writing (MW) |  |  |  |
| Clinical Safety and Pharmacovigilance (CSP) |  | Natural Health Products |  |
| Clinical Trial Disclosure |  | Patient Engagement |  |  |  |
| Devices & Diagnostics |  | Pediatric |  |  |  |
| Document and Records Management (DRM) |  | Preclinical Sciences & OSWG (Oligonucleotide Safety Working Group) |  |
| eClinical |  | Professional Education, Training & Development (PETD) |  |
| Electronic Regulatory Submissions (ERS) |  | Project Management (PM) |  |  |  |
| Emerging Professionals |  | Quality Risk Management (QRM) |  |  |  |
| Ethics & Medicines Lifecycle |  | Regulatory Affairs (RA) |  |
| Evidence Based Medicine (formerly IMPaCT) |  | Statistics (ST) |  |
| Global Sourcing |  | Study Endpoints (formerly PRO) |  |
| Good Clinical Practices & Quality Assurance (GCP & QA) |  | Translational Medicine |  |
| Information Technology (IT) |  | Validation (VA) |  |
| Investigator & Investigative Sites (INV) |  |  |  |

If yes, please indicate which ones:

What is your relationship to the Community (subcommittee chair, general member, etc.)?

No

Do you have a relationship with any \_\_\_\_\_\_\_ Community? Yes

### SCIENTIFIC WORKING GROUPS (SWGs)

|  |  |
| --- | --- |
| Adaptive Design SWG |  |
| Bayesian Statistics SWG |  |
| Comparative Effectiveness Research SWG |  |
| Missing Data SWG |  |
|  |  |

If yes, please indicate which ones:

What is your relationship to the SWG (chair, core committee, general member, etc.)?

No

Do you have a relationship with any SWG? Yes

### VERB SHEET

**Behavioral verbs for writing objectives in the cognitive, affective, and psychomotor domains**

#### Verbs for use in stating COGNITIVE outcomes:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Knowledge** | **Comprehension** | **Application** | **Analysis** | **Synthesis** | **Evaluation** |
| define | discuss | compute | distinguish | diagnose | evaluate |
| list | describe | demonstrate | analyze | propose | compare |
| recall | explain | illustrate | differentiate | design | assess |
| name | identify | operate | compare | manage | justify |
| recognize | translate | perform | contrast | hypothesize | judge |
| state | restate | interpret | categorize | summarize | appraise |
| repeat | express | apply | appraise | plan | rate |
| record | convert | use | classify | formulate | choose |
| label | estimate | practice | outline | arrange | decide |
|  |  | predict |  | organize |  |

**Verbs for use in stating AFFECTIVE outcomes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Receiving** | **Responding** | **Valuing** | **Organization** | **Value Complex** |
| sit erect | answer | join | adhere | act |
| reply | greet | share | integrate | practice |
| acceptshow | readreport | completefollow | organize | discriminateinfluence |

**Verbs for use in stating PSYCHOMOTOR outcomes**

|  |  |  |
| --- | --- | --- |
|  | **Guided** |  |
| **Perception** | **Set** | **Response** | **Mechanism** | **Complex** | **Adaptation** | **Origination** |
| identify | react | display | display | display | adapt | create |
| detect | respond | manipulate | manipulate | manipulate | revise | compose |
| differentiate | start | work | work | work | change | arrange |
|  |  | perform | write | operate |  |  |

**Verbs that should NOT be used:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| know | really know | understand | appreciate | grow |
| learn | thinks critically | approach | improve |  |
| increase | expand horizons | grasp the significance of | become |  |

**DISCLOSURE FORM**

As an accredited provider by the Accreditation Council for Pharmacy Education (ACPE) and the International Association for Continuing Education and Training (IACET), DIA must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. Anyone in a position to control the content of a CE activity must disclose to the audience all relevant financial relationships with any commercial interests associated with this activity that exist or have existed within the last 12 months (relevant financial relationships can include such things as grants or research support, employee, consultant, major stockholder, member of speakers’ bureau, etc.). You must also disclose any relevant financial relationships your spouse or life partner has with applicable commercial interests. As an accredited provider, DIA is required to obtain all disclosure information and resolve any conflicts prior to the commencement of the activity. The intent of the conflict of interest resolution process is to assure that provider, faculty, and planner financial relationships with commercial interests do not supersede the public interest in the design and delivery of continuing education activities.

**In accordance with the ACPE requirements, if you refuse to disclose or do not return the disclosure form, you will not be able to participate in the activity**.

**PRESENTER/FACULTY NAME:**

**TITLE OF CE ACTIVITY:**

**DATE OF ACTIVITY:**

* **I have no real or apparent relationships to disclose**
* **I am employed by a regulatory agency and have nothing to disclose.**
* **Please indicate which regulatory agency:**

***Please note that DIA is not requesting a numerical amount to be entered for any financial relationship; please indicate by marking the check box, and then providing the company name only for those disclosures you may have*.**

|  |  |  |
| --- | --- | --- |
|   | **Type of Financial Interest within last 12 months** | **Name of Commercial Interest** |
|   | Grants/Research Funding |  |
|   | Stock Shareholder |  |
|  | Employee |  |
|   | Other (Receipt of Intellectual Property Rights/PatentHolder, Consulting Fees, Speaker’s Bureau) |  |
|   | Consulting Fees |  |

Will any of the relationships reported in the chart above impact your ability to present an unbiased presentation?

* Yes  No
* I intend to reference unlabeled/unapproved uses of drugs or products in my presentation (specify product by name for which unlabeled use will be discussed):
* **I agree to the Terms and Conditions for Faculty (see next page for Terms and Conditions)**

Signature Date

# Terms and Conditions for Faculty

1. Disclosure: Anyone in a position to control the content of a continuing education activity must complete and submit the disclosure form located on the front of this document prior to the presentation, and ensure that the disclosure form is complete and truthful to the best of the presenter’s knowledge. Faculty members are required to disclose all relevant financial relationships with any commercial interest that exist or have existed within the last 12 months. Relevant financial relationships of your spouse or life partner with applicable commercial interests must also be disclosed.
2. Fair Balance: Speakers/authors are required to prepare fair and balanced presentations that are objective and scientifically rigorous.
3. Unlabeled and Unapproved Uses: Presentations that provide information in whole or in part related to non- FDA approved uses for drug products and/or devices must clearly acknowledge the unlabeled identifications or the investigational nature of their proposed uses to the audience. Speakers/authors who plan to discuss non-FDA approved uses for commercial products and/or devices must advise the DIA and the audience of their intent.
4. Use of Generic versus Trade Names: Presenters should use scientific or generic names when referring to products in their lectures or enduring materials. Should it be necessary to use a trade name, then the trade name of all similar products or those within a class should be used.
5. Validation of Content: As a faculty member, I have reviewed the proposed content for the previously referenced presentation and find, to the best of my knowledge, the following:
	1. This presentation is based on acceptable principles that are generally accepted as valid by the profession.
	2. This content is based on conclusions or inferences about the evidence that are accepted in the general medical community as valid and sound.
	3. Scientific research referred to in this presentation conforms to generally accepted standards of experimental design, data collection, and analysis.
6. Source of Evidence: The source(s) of evidence upon which this presentation has been developed includes one of the following:
	1. Agents or treatments that are approved by the FDA.
	2. Legislative or legal obligations for physicians to practice medicine that are incorporated in the content.
	3. Licensure or certification requirements promulgated by a state licensing authority approved by the Federation of State Medical Boards, or by a medical specialty organization that is a member of the American Board of Medical Specialties.
	4. The validity and scientific integrity of the content is verified scientific evidence from a source generally accepted as valid by the profession.