

SCT[®] CONFERENCE 2010
Philadelphia

“Building Communities by Integrating Differences”

CALL FOR PROPOSALS

Pre-Conference Institute: April 24 - 25, 2010
One or Two Day Experiential Workshops

Five-Day Conference: April 26 - 30, 2010
One-Hour Presentations & Two-Hour Workshops

We are looking for interactive sessions that are grounded in theory. Sessions may focus on SCT applications, theory or research in clinical, organizational, educational or everyday contexts. Plan time for discussion as well as presentation of material.

To be considered for Conference 2010, please submit ALL of the following by July 1 (even if this is a repeat workshop or institute from past year):

1. Name, address, phone, email, and primary affiliation of each presenter
2. Title of presentation
3. Length and format of presentation (check one)
 One-hour presentation or two-hour workshop
 One or two day pre-conference Institute
4. 50-word description of presentation
5. Three objectives of the presentation
6. Method of presentation (e.g., didactic, experiential practicum, panel discussion)
7. Level of presentation (check one):
 Foundation Intermediate Advanced Open to All Levels
8. Training track (check all that apply):
 General Interest OD Clinical SAVI Research Theory & Basics
9. Current CV and one-paragraph bio for each presenter (updated CV must be sent by email). Please include any special credentialing like CGP, ABPP, FAGPA, etc. as well as your degree to be included after your name.
10. Disclosure form from NSGP (required for CME co-sponsorship, attached; return to Norma Safransky by July 1)

SCTRI will provide easels, markers and paper. Presenters are responsible for providing all other equipment. Cost estimates for renting equipment will be forwarded upon request.

Please email your complete proposal (items 1-9 above) by July 1st to Jan Vadell at jan@systemscentered.com

You will be notified of your acceptance no later than October 1.

**For questions on content or format, contact
Claudia Byram at claudia.byram@verizon.net**

SPEAKER DISCLOSURE FORM

NAME _____

COURSE _____

DATE GIVEN _____

CONSENT TO USE AND DISCLOSE INFORMATION:

As a sponsor of Continuing Education activities, NSGP must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored and jointly sponsored educational activities.

All faculty must disclose any relevant financial interest or other relationships which they or their spouse/partner have (a) with the manufacturer(s) of any commercial products(s) and/or provider(s) of commercial services discussed in an educational presentation and (b) with any commercial supporters of the activity. (Significant financial interest or other relationship includes such things as grants or research support, employee, consultant, major stockholder, member of speakers' bureau, etc.) The intent of this disclosure is to provide program participants with information to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusions.

1. Please disclose below all financial interests and / or relationships you or spouse/partner have had with commercial manufacturer(s) within the previous 12 months.

Name of Organization	Consultant	Grant Research/ Support	Speakers Bureau	Major Stockholder	Other Financial Material Interest
<i>(Please list)</i>	<i>(Please check (✓) where appropriate)</i>				

_____ I have no financial interests or relationships to disclose.

2. Will your presentation include discussion of any commercial products or services? ____ Yes ____ No

If yes, please list the manufacturer(s), and what product / service your discussion will include, and why?

If yes, do you have a significant financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services you will discuss? ____ Yes ____ No

PLEASE NOTE: The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that as a requirement of NSGP, any references to off-label uses of commercial or investigations products not yet approved by the FDA must be disclosed to the audience during the live presentation.

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the contact person listed below as soon as possible.

Agree	Disagree		
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed to NSGP all relevant financial relationships, which will in turn be disclosed to the audience prior to the program.	
<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.	
<input type="checkbox"/>	<input type="checkbox"/>	I have provided the objectives, content and format, and description of my presentation for review by the NSGP Program Committee.	
<input type="checkbox"/>	<input type="checkbox"/>	My presentation will not have a company logo and/or any marketing verbiage on any content pages (introductory slide only).	
<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria from any commercial entity for this CME program presentation.	
Agree	Disagree	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that an NSGP observer may be attending the event to ensure quality of teaching and that all presentations are educational, and not promotional, in nature.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

Please return one signed copy of this agreement confirming that you have read, and will comply, with the statements made in this document.

The above is agreed to and accepted by:

Speaker Signature: _____ Speaker Name: _____
 Organization Name (if applicable): _____
 Date: _____

Please fax or mail completed form to Norma Safransky,
 130 Circadian Way, Chapel Hill, NC, 27516, U.S.
 Fax: (919) 929-8706