**Earn up to XX.XX *AMA PRA Category 1 CreditsTM* (and xx.xx other credit, such as MOC, Non-Physician, etc.).**

**This activity is eligible for XX.XX contact hours of ANCC credit.**

[***Register Online here*.**](https://ouhsc.cloud-cme.com/course/courseoverview?P=5&EID=12546)

**Name of the Program**

**Sponsoring Department**

**Department Logo**

**Affiliate Logo**

**Sponsorship Logo**

**Format (i.e. Zoom/Virtual, In-Person/Live, Hybrid)**

**Date**

**Time**

**Location**

**Brief synopsis of program:**

**Learning Format:**

E.g. Zoom/Virtual, In-Person/Live, Hybrid.

**Activity Description:**

**Intended/Target Audience:**

**Overall Professional Practice Gaps:**

**GAP 1:**

**GAP 2:**

**GAP 3:**

**GAP 4:**

**GAP 5:**

**Overall Learning Objectives:**

Upon completion of this activity, participants will improve their competence and performance by being able to:

**Accreditation Council for Graduate Medical Education (ACGME) American Board of Medical Specialties (ABMS) Competencies:**

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**program**

**Name**

**Date**

**Time**

**Location**

**Morning Session**

**7:30 – 8:30 am Check-in, On-site Registration, Breakfast, Housekeeping Slides, and Visit exhibitors**

**8:00 – 8:30 am Record attendance**

**8:15 – 8:30 am Welcome, Introductions, and CME Instructions .Moderator**

**8:30 – 9:15 am Presentation 1 Presenter 1**

**9:15- 10:00 am Presentation 2 Presenter 2**

**10:00-10:15 am Break and Visit Exhibitors**

**10:15-11:00 am Presentation 3 Presenter 3**

**11:00-11:45 am Presentation 4 Presenter 4**

**11:45 am-12:45 pm Lunch/Visit Exhibitors**

**afternoon Session**

**12:45-1:30 pm Presentation 5 Presenter 5**

**1:30-2:15 pm Presentation 6 Presenter 6**

**2:15-2:30 pm Break and Visit Exhibitors**

**2:30-3:15 pm Presentation 7 Presenter 7**

**3:15-4:00 pm Presentation 8: Panel Discussion Presenter 8**

**4:00-4:15 pm Wrap-up Moderator**

## **Physician Continuing Education**

## **ACCME/AMA PRA Accreditation Statement:**

The University of Oklahoma College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Oklahoma College of Medicine designates this live activity for a maximum of x.xx *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Other Recognition Statement:**

**ANCC Accreditation Statement**

**CNE Disclosure Statements:**

OU Health is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.

xx.xx CNE contact hours will be awarded for meeting the following criteria: 90% attendance of conference, completion and submission of evaluation form.

This educational activity does not include any content that relates to products and/or services of a commercial interest that would create a conflict of interest.

**Mitigation Statement:**

The University of Oklahoma College of Medicine, Office of Continuing Professional Development has reviewed this activity's planner and presenter disclosures and has mitigated all relevant financial relationships with ineligible companies, if applicable.

**Policy on Faculty and Presenters Disclosure:**

It is the policy of the University of Oklahoma College of Medicine that the faculty and presenters identify all financial relationships with ineligible companies relating to the topics of this educational activity, and also disclose discussions of off-label or investigational drugs/devices and/or therapies during their presentation(s).

**Acknowledgement of Commercial and In-Kind Support:**

**Commercial support** is financial, or in-kind, contributions given by an ineligible company, which is used to pay all or part of the costs of a CME activity. An ineligible company is any company whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

**This activity received no commercial or in-kind support.**

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**Accommodation Statement:**

For accommodations please contact xxx-xxxxx at (xxx) xxx-xxxx or email address as soon as possible.

**Planning Committee Members:**

**Course Director**

**Course Contact**

Planner 1

Planner 2

Planner 3

Planner 4

**registration**

**Name**

**Date**

**Time**

**Location**

|  |  |
| --- | --- |
| **Registration Category** | **In-Person** |
| **Early****(deadline xxxx, xx, 20xx)** | **Late****(beginning xxxx, xx, 20xx))** |
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* + Registration Fee includes course materials and CME credit.
	+ No registration refunds will be made after xxxx, x, 20xx.
	+ Written notification of cancellation must be postmarked on or before xxxx, x, 20xx.
	+ Cancellation Fee is **$xx**.
	+ Confirmations will be emailed (This annual conference is subject to cancellation if registration is insufficient, in which case all registration fees will be refunded.).

Payment Method for departmental transfers\* or purchase orders, contact Jim Albertson (james-albertson@ouhsc.edu or 405-271-2350 Ext. 6).

\*Spreadsheet Information for PeopleSoft Cost Transfers: MISCA MED00015 00014 00000

Tax ID: #73-156-3627

Credit card payments (VISA, MasterCard, & Discover) are accepted online.

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