

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:

- 1.
- 2.
- 3.
- 4.
- 5.

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

Title of Educational Program

Earn up to xx.xx AMA PRA Category 1 Credits™ (and xx.xx of other credit such as MOC, Non-Physician, etc.)

This activity is eligible for xx.xx contact hours of ANCC credit.

[Register online here.](#)

Photo
Presenter information
Name with degrees
Title
Institution
Title of Presentation

Photo
Presenter information
Name with degrees
Title
Institution
Title of Presentation

Photo
Presenter information
Name with degrees
Title
Institution
Title of Presentation

Photo
Presenter information
Name with degrees
Title
Institution
Title of Presentation

Photo
Presenter information
Name with degrees
Title
Institution
Title of Presentation

Photo
Presenter information
Name with degrees
Title
Institution
Title of Presentation

Photo
Presenter information
Name with degrees
Title
Institution
Title of Presentation

Title of Educational Program

Earn up to xx.xx AMA PRA Category 1 Credits™ (and xx.xx of other credit such as MOC, Non-Physician, etc.)

This activity is eligible for xx.xx contact hours of ANCC credit.

[Register online here.](#)

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 InstructionsModerator
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-upModerator

Title of Educational Program

Earn up to xx.xx AMA PRA Category 1 Credits™ (and xx.xx of other credit such as MOC, Non-Physician, etc.)

This activity is eligible for xx.xx contact hours of ANCC credit.

[Register online here.](#)

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.

University of Oklahoma Equal Opportunity Statement / Non-Discrimination Statement:

The University of Oklahoma, in compliance with all applicable federal and state laws and regulations, does not discriminate on the basis of race, color, national origin, sex, sexual orientation, genetic information, gender identity, gender expression, age, religion, disability, political beliefs, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to: admissions, employment, financial aid, housing, services in educational programs or activities, or health care services that the university operates or provides.

To file a grievance related to the non-discrimination policy, report sexual misconduct, and/or file a formal complaint of sexual misconduct, please utilize the reporting form at ou.edu/reportingform.

Inquiries regarding non-discrimination policies may be directed to the Office(s) of Institutional Equity as may be applicable - Norman campus: (405) 325-3546/3549, Health Sciences Center: (405) 271-2110, or OU-Tulsa Title IX Office: (918) 660-3107. Additionally, individuals may visit <https://www.ou.edu/eo>.

Disclaimer Statement:

Statements, opinions and results of studies contained in the program are those of the presenters and authors and do

Title of Educational Program

Earn up to xx.xx AMA PRA Category 1 Credits™ (and xx.xx of other credit such as MOC, Non-Physician, etc.)

This activity is eligible for xx.xx contact hours of ANCC credit.

[Register online here.](#)

not reflect the policy or position of the Board of Regents of the University of Oklahoma (“OU”) nor does OU provide any warranty as to their accuracy or reliability.

Every reasonable effort has been made to faithfully reproduce the presentations and material as submitted. However, no responsibility is assumed by OU for any claims, injury and/or damage to persons or property from any cause, including negligence or otherwise, or from any use or operation of any methods, products, instruments or ideas contained in the material herein.

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

Title of Educational Program
 Earn up to xx.xx AMA PRA Category 1 Credits™ (and xx.xx of other credit such as MOC, Non-Physician, etc.)
 This activity is eligible for xx.xx contact hours of ANCC credit.
[Register online here.](#)

REGISTRATION

Name
Date
Time
Location

REGISTRATION CATEGORY	IN-PERSON	
	Early <small>(deadline xxxx, xx, 20xx)</small>	Late <small>(beginning xxxx, xx, 20xx)</small>

- 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.

For questions or more information, contact Jim Albertson (james-albertson@ouhsc.edu or 405-271-2350 Ext. 6).

