

LOUISIANA SOCIETY OF HEALTH-SYSTEM PHARMACISTS
Initial Speaker Contact Form

Cosponsor Contact: _____ Cosponsor Telephone: _____

Cosponsor Email: _____

Topic (determined by assessing educational needs): _____

Topic intended for: *circle one* Pharmacists Pharmacy Technicians Both
Activities must be developed specific to audience types. If an activity is intended for both pharmacists and technicians, two sets of objectives must be developed: one for each audience type.

Audience Knowledge of Topic: *circle one* None Poor Moderate Good Extensive

Speaker Name and Credentials: _____

Speaker Employer: _____ Speaker Telephone: _____

Speaker Email: _____

Discussed size of audience with speaker? _____

Discussed educational needs of group with speaker (have they requested this topic, is this topic an issue many are currently facing, how was this topic selected etc.)? _____

Time/Date/Venue of Activity: _____

Speaker fee. (Sponsors are NOT allowed to pay speaker directly) _____

Discussed development of learning objectives that are specific and measurable? Due 40 days in advance.

Discussed expectation for inclusion of active learning within presentation and learning assessment following presentation _____

Discussed procedure of completing speaker agreement with conflict of interest disclosure and requirement to submit presentation to provider 31 days prior to release date for review (and possible resolution) of potential conflicts of interest? _____

Date of initial speaker contact: _____