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 _________________________________________________________________

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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: ___________________________