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| Select one | Date/Time of Talk       at 8:00am |
| Title of Talk | Role |

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| --- | --- | --- | --- |
| Name (list credentials) |  | Email |  |
| Address |  | Phone/Cell |  |
| City, State Zip |  | Employer |  |
| Co-author(s) |  | Co-author(s) email |  |

**1.** **Talk Specifics**

a. Practice gap (Problem I'm trying to address or fix)

b. Objectives (Participants will leave being able to do or know this.)

c. Presentation will promote active learning. (JAC 7) (i.e., case/open discussion, polling, question/answer)

d. Presentation may include something to remember the content. (JAC 9) (i.e., actionable items/key points, algorithms, etc.)

e. I will offer MOC for this talk. Yes (complete this question\*\*) No (go to #4) I have no idea what this means. (go to #4)

ABA MOC ABIM MOC ABOHNS MOC ABO MOC ABP MOC ABPath MOC ABS MOC

(\*\*If you answered **Yes**, please provide, Questions-Answers-Rationales for this presentation.)

**2. Learning from Teaching**

\*I am claiming teaching credit for the learning that occurred preparing for this original presentation.

\*I have not previously sought teaching credit for this presentation.

\*I learned the following that while preparing for this presentation that was put into practice.

**3.** **Attestation and Signature**

I attest the information provided is accurate and I will comply with all requirements or credit may be withdrawn.

Signature  Date

**Disclosure Objective Form and slides received less than 7 business days prior to the start of the activity**

**will incur a $75 expedite fee. Work with the Office of CME to ensure compliance.**