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|  | **The New York State Council of Health-system Pharmacists** |
| 230 Washington Avenue Extension, Suite 101 • Albany, NY 12203(518) 456-8819 • Fax: (518) 456-9319 |

**The New York State Council of Health-system Pharmacists**

**Speaker Letter of Agreement**

The New York State Council of Health-system Pharmacists (NYSCHP) is committed to providing the highest caliber of educational programming to its members. We believe that excellent programs result when knowledgeable, accomplished speakers develop presentations to meet the specific needs of the intended audience and support those presentations with measurable learning objectives and comprehensive handout materials.

To assist NYSCHP in meeting this goal of providing high-quality independent education programs and to assist NYSCHP in satisfying the criteria set forth by our accrediting body, the Accreditation Council for Pharmaceutical Education (ACPE), **PLEASE PROVIDE THE INFORMATION DESCRIBED IN THIS LETTER OF AGREEMENT WITHIN THE DEADLINES LISTED.** Thank you for your understanding about the deadlines.If for any reason you cannot meet these deadlines, please contact NYSCHP as soon as possible.

1. Learning Objectives & Presentation Title:

The speaker agrees to provide **3-6 total learning objectives** for the presentation **by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The program will be offered to pharmacy technicians; therefore** **four separate (3) learning objectives must be specific to technicians** for this program. ACPE requires all continuing pharmaceutical education programs to have learning objectives that (1) are measurable, (2) can serve as the basis for an evaluation of the program’s effectiveness, and (3) reflect the relationship of the program content to contemporary pharmacy practice. NYSCHP will include your learning objectives in the meeting program materials, and the attendees will expect the presentation to cover the stated objectives. Please refer to the separate document: **Criteria for Objectives** in developing your learning objectives.

2. Gap Analysis:

 The speaker agrees to complete the needs assessment and return to NYSCHP by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

3. Conflict of Interest Statement:

 The speaker agrees to disclose any recent or current financial relationships with pharmaceutical companies so as to identify any potential conflict of interest. Many NYSCHP exhibitors provide unrestricted educational grants in support of our educational programs. To enable the audience at each program to draw informed conclusions about the speaker’s comments, NYSCHP will inform meeting participants of pertinent relationships speakers have with the program sponsor or those interested parties. This should be done in the 1st slide of the speaker’s presentation. Please review the separate document and return the Conflict of Interest Statement by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

4. Speaker CV and Biography:

 The speaker agrees to submit an updated CV and short biography by  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** Your CV and bio will be posted on the NYSCHP website with your presentation prior to the program. If the posting of your CV and bio are an issue please advise and the posting would be for a limited period of time, just ling enough to meet the accreditation standards.

5. Presentation Slides:

All slides should be emailed to ceprograms@nyschp.org and NYSCHP no later than **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. ACPE requires that all material be reviewed prior to presentation. Please do not make changes in your presentation after submission as ACPE requires that the accredited provider review all materials prior to presentations and the slides will have already been converted for use with audience response devices.

6. Continuing Education Speaker Honorarium:

If receiving and honorarium for this program an executed W-9 will be required prior to honorarium dispensation.

7. Activity Planning Instrument:

Include active learning techniques and learning assessment tools in your presentation to actively engage the audience. Please refer to the separate document, **Active Learning Techniques and Activity Planning Instrument** when developing your active learning techniques. If you have any questions, please contact office@nyschp.org or NYSCHP at 518-456-8819.

I have read and agree to abide by the terms of this letter of agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Signature Print Name Date

**CHECKLIST FOR SUBMISSION OF SPEAKER DOCUMENTS TO NYSCHP**

□ Signed and returned Letter of Agreement

□ Learning objectives specific for pharmacists and/or technicians

□ Identification of program type □ knowledge based or □ application based

□ CV/resume and short biography

□ Conflict of Interest Statement

□ Slide presentation with 3-5 audience response questions and COI identified on slide 2.