



The New York State Council of Health-system Pharmacists

210 Washington Avenue Extension • Albany, NY 12203
(518) 456-8819 • Fax: (518) 456-9319

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 presentations.

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 Pharmacy Education (ACPE), **PLEASE PROVIDE THE INFORMATION DESCRIBED IN THIS LETTER OF AGREEMENT WITHIN THE DEADLINES LISTED AND RETURN AN EXECUTED LETTER OF AGREEMENT BY _____**. Thank you for your understanding about the deadlines. If for any reason you cannot meet these deadlines, please contact NYSCHP at 518-456-8819 as soon as possible.

1. Learning Objectives:

The speaker agrees to provide **no fewer than four (4) total learning objectives** for the presentation by _____. 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. Needs Assessment:

The speaker agrees to complete the needs assessment and return to NYSCHP by _____.

2. 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 _____**.

3. 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 long enough to meet the accreditation standards.

4. Presentation Slides:

All slides should be emailed to kfontana@nyschp.org 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..

5. Audience Response System

NYSCHP utilizes a “Turning Point” audience response system to gather instant poll/statistic data from audiences during a session presentation and tabulate evaluations. This allows speakers to embed questions in their presentations to assess learning on a ‘real time’ basis, and engage the audience in more interactive learning. Please follow the steps below to include and use the audience response system during your presentation.

Polls/Questions:

At appropriate spots within your presentation include slides with the questions you would like to ask. These may be about audience demographics (up front), current understanding of the subject, self-evaluation questions during the presentation and/or overall learning and retention (at the conclusion).

Submit your final full PowerPoint version of your presentation to kfontana@nyschp.org no later than _____. NYSCHP staff will convert the polls/questions within your presentation to receive and process the audience responses. In order for this to work, we will need to have your FINAL presentation. Changes cannot be made after the presentation has been converted in Turning Point so please make sure that your presentations are in final format by_____.

5. Continuing Education Speaker Honorarium:

The honorarium for this program will be \$750.00. An executed W-9 will be required prior to honorarium dispensation.

6. Meeting and Travel Logistics:

To facilitate handling of these arrangements, the speaker agrees to do the following: contact NYSCHP at 518-456-8819 to request hotel accommodations. Speaker will make their own travel arrangements and submit a reimbursement form with receipts for travel reimbursement.

7. Copyright

I attest that I have received authorization for any copyrighted material presented to the audience, if applicable.

Signature

Date

If you have any questions, please contact NYSCHP at 518-456-8819.

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

Signature

Print Name

Date