

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
 DIVISION OF PROFESSIONAL DEVELOPMENT
PLANNER/ PRESENTER A-1



SECTION A. IDENTIFYING INFORMATION	
Name:	Title of Presentation:
Title of Conference:	Date of Presentation:
Select the option that best describes your role:	<input type="checkbox"/> Lead <input type="checkbox"/> Planner <input type="checkbox"/> Presenter
SECTION B. VESTED INTEREST	
1. Have you received anything of value from a commercial supporter, which may have been perceived as direct or indirect interest in the subject(s) you are addressing in this educational activity?	
If yes to (1), please list the commercial supporter:	
If yes to (1), please describe your relationship: (select all that apply)	
Speaker's Bureau	Shareholder
Consultant	Grant/Research Support
Major Stockholder	No relationship
Large Gift(s)	Other, please describe
If yes to (1), How will conflict of interest be resolved?	
2. Describe professional experience and/or areas of expertise (including publications) related to the involvement in continuing education.	
3. Identify how you took part in the planning and evaluation of this activity:	
Planned objectives/content	Reviewed evaluation summary
Planned time frame	Will utilize evaluation to revise presentation as needed
Planned teaching strategies	Other, please describe
Attended committee meetings	
SECTION C. PRESENTER QUESTIONS (VESTED INTEREST)	
4. Presenter: During your presentation, will you include discussion of an unlabeled or the investigational use of a product, device, or drug that has not been approved by the FDA? For the use being presented in this educational activity?	
If yes to (4) Please explain:	
If yes to (4) you must disclose this information during your presentation. Select the method of disclosure:	
Handouts	Verbally, during presentation
Audiovisuals	Other, please describe

If yes to (4), How will conflict of interest be resolved?

5. **Presenter:** How will your presentation practice cultural awareness?

SECTION D. BIOGRAPHICAL DATA. (PRESENTER MUST ALSO ATTACH CURRICULUM VITAE)

Name:	Home Address:
Employer:	Employer Address:
Phone:	E-Mail Address:
Present Position: (Title and Description)	

EDUCATION.

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

PLEASE SIGN AND DATE BELOW. IF PROVIDING ELECTRONIC SIGNATURE, A STATEMENT **MUST** BE INCLUDED (NEXT TO SIGNATURE) VERIFYING THAT YOUR ELECTRONIC SIGNATURE IS THE EQUIVALENT OF YOUR ACKNOWLEDGEMENT AND VERIFICATION OF THE INFORMATION PROVIDED.

Signature: _____

Date: _____