



35th Annual MH/IDD Joint Conference
 "Beyond 2023 - Shaping The Future"
 Natchez Convention Center - October 25 - 27, 2023

IDENTIFYING INFORMATION/VESTED INTEREST

SECTION A. IDENTIFYING INFORMATION

Name:		Date of Presentation:	
Title of Presentation:			
Select the option that best describes your role:	<input type="checkbox"/> Lead Presenter	<input type="checkbox"/> Co-Presenter	<input type="checkbox"/> Planner
Home Address:			
Best Contact Number:		E-Mail Address:	
Employer:			
Job Title and Description:			

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? Yes No

If yes to (1), please list the name of the commercial supporter(s):

If yes to (1), please describe your relationship/role with the commercial supporter: *(select all that apply)*

<input type="checkbox"/> Speaker's Bureau	<input type="checkbox"/> Shareholder
<input type="checkbox"/> Consultant	<input type="checkbox"/> Grant/Research Support
<input type="checkbox"/> Major Stockholder	<input type="checkbox"/> No Relationship
<input type="checkbox"/> Large Gift(s)	<input type="checkbox"/> Other, please describe

If yes to (1), explain how conflict of interest will be resolved.

2. Describe your 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 presentation: *(select all that apply)*

<input type="checkbox"/> Planned objectives/content	<input type="checkbox"/> Reviewed evaluation summary
<input type="checkbox"/> Planned time frame	<input type="checkbox"/> Will utilize evaluation to revise presentation as needed
<input type="checkbox"/> Planned teaching strategies	<input type="checkbox"/> Attended committee meetings
<input type="checkbox"/> Other, please describe	

SECTION C. PRESENTER QUESTIONS (VESTED INTEREST)

4. **Presenter:** During your presentation, will you include discussion of any unlabeled or 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? Yes No

If yes to (4), please explain:

If yes to (4), you **MUST** disclose this information during your presentation. *Select the method of disclosure:*

Handouts Audiovisuals Verbally, during presentation

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. EDUCATION

DEGREE	INSTITUTION/COLLEGE/UNIVERSITY	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

PRESENTATION TITLE

PRESENTATION ABSTRACT

ABSTRACT. 3-5 SENTENCES SUMMARIZING YOUR PRESENTATION. (This will be included in the conference program for participant's reference.)

PRESENTATION OUTLINE

Duration of Presentation: (All sessions must be at least 60 minutes; thereafter, credit is awarded in increments of 30 minutes)

60 MINS 90 MINS

Evaluation Tool: (Select the evaluation method to be used for this activity.)

Post Test Attitude Scale Other, please list
 Structured Interview Direct Observation of Skill Performance

Evaluation Category: (Select the most appropriate evaluation category for this activity.)

Learner Satisfaction Knowledge Skill and Attitude Change Change in Practice
 Other, please specify

Objectives: Must provide 3 objectives. Please be specific and begin objectives with action verbs such as: DISCUSS, EXPLAIN, DEFINE, LIST, DEMONSTRATE, etc.
Time frame for all 3 objectives must total the duration of presentation when added together.

OBJECTIVE 1:	Presenter/License/Credential:	Time Frame: (in minutes)
Objective 1 Content:	Teaching Strategies/Resources:	
	Lecture Role Play Graphics/Visuals Questions/Answers Feedback	Group Work Relevant Strategies Online Other
OBJECTIVE 2:	Presenter/License/Credential:	Time Frame: (in minutes)
Objective 2 Content:	Teaching Strategies/Resources:	
	Lecture Role Play Graphics/Visuals Questions/Answers Feedback	Group Work Relevant Strategies Online Other
OBJECTIVE 3:	Presenter/License/Credential:	Time Frame: (in minutes)
Objective 3 Content:	Teaching Strategies/Resources:	
	Lecture Role Play Graphics/Visuals Questions/Answers Feedback	Group Work Relevant Strategies Online Other

CE Type: General Ethics Cultural Clinical Supervision

SIGNATURE. PLEASE SIGN AND DATE BELOW. (IF PROVIDING ELECTRONIC SIGNATURE, PLEASE CHECK THE BOX PROVIDED BELOW THE SIGNATURE LINE.)

Signature

Date

MY ELECTRONIC SIGNATURE ABOVE IS THE EQUIVALENT OF MY ACKNOWLEDGEMENT AND VERIFICATION OF THE INFORMATION PROVIDED.

***Include a resume or vita, brief bio for introductions, and submit all documents [to gmcmlon@smrc.ms.gov](mailto:gmcmlon@smrc.ms.gov)