AADE Accreditation & Introduction

AADE is accredited by the Accreditation Council for Pharmacy Education (ACPE), the American Nurses Credentialing Center (ANCC) and the Commission on Dietetic Registration (CDR), in addition to the California Board of Registered Nursing.

» The American Association of Diabetes Educators is accredited by the Accreditation Council of Pharmacy Education as a provider of continuing pharmacy education.

» The American Association of Diabetes Educators is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

» The American Association of Diabetes Educators is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

» The American Association of Diabetes Educators is a Continuing Professional Education (CPE)Accredited Provider with the Commission on Dietetic Registration.

The AADE Satellite Symposia Guidelines and Application are designed to provide comprehensive information to organizations that wish to hold a satellite symposium at the AADE17 Annual Meeting & Exhibition. It is important for all organizations, even those who have worked with AADE on a satellite symposium before, to thoroughly read these guidelines prior to initiating any grant requests for a satellite symposium, including responses to Requests for Proposals (RFPs) from any commercial interest. Should there be any questions or additional information needed, please do not hesitate to contact AADE for assistance.

AADE Contacts:

<table>
<thead>
<tr>
<th>Lisa Koch</th>
<th>Symposia Manager</th>
<th>(617) 285-2320</th>
<th><a href="mailto:lkoch@conventusmedia.com">lkoch@conventusmedia.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Swift</td>
<td>Symposia Logistics</td>
<td>(703) 581-96023</td>
<td><a href="mailto:pswift@conventusmedia.com">pswift@conventusmedia.com</a></td>
</tr>
</tbody>
</table>
AADE17 Corporate Symposia Guidelines

Program Description and Details

TARGET AUDIENCE: Dietitians, nurses, pharmacists and other healthcare professionals who provide diabetes education and management.

ANTICIPATED AADE OVERALL ATTENDANCE: 3,000 Attendees from Target Audience

ANTICIPATED SYMPOSIUM ATTENDANCE: Up to 400 Attendees

AVAILABLE DATES: Sunday, August 6th – Dinner Symposium (6pm – 8pm*)
*Times are subject to change.

CREDITS PER SESSION: 1.5 CE (90 Minute Presentation)

AADE FEE: $152K (please refer to page 6 for details)

PROGRAM DESIGN: This knowledge-based program must be designed for learners to systematically acquire factual knowledge based on scientific evidence and provide assessment questions to determine recall of facts. Feedback to learners must include rationale for correct response to questions. The standard program format for AADE satellite symposia is to have 1-3 presenting speakers delivering content for up to 75 minutes with an additional 15 minutes for Q&A. Other formats may be accepted upon AADE review and approval. A satellite Symposium will be preceded by a modest food function and AADE symposia time slots are scheduled to allow up to 30 minutes of additional time to accommodate this function.

PROGRAM MATERIALS: AADE must approve all program materials (print, digital or other media) prior to production and distribution. Management companies will be provided with content requirements for all program materials upon initial satellite symposium approval.

Additional advertising opportunities are available for satellite symposia including ads in AADE publications and meeting specific print materials. While optional these items must still be approved by AADE prior to publication.

COMPLIANCE: Prior to printing, all Corporate Symposia program materials (including handouts and PowerPoint presentations) must be reviewed and approved by AADE to ensure compliance with CE requirements.
**COMPLETE SUBMISSION:** Program materials must be submitted electronically no later than June 16, 2017. The review process begins upon receipt and typically takes 1 week. Programs that do not submit their materials by June 16, 2017 will be subject to removal from the program schedule at the discretion of AADE and will not receive a refund for any fees paid.

**QUANTITY:** The Supporting Organization is asked to print a minimum of 425 copies to accommodate the room capacity and extras. Three copies of the final produced handout must then be provided to AADE to be maintained in the program file. Program administrator should submit an electronic copy of the program handouts which will be made available to attendees through the AADE website.

**RESTRICTIONS:** In order to comply with continuing education requirements, handout materials and slide presentations used for the program cannot mention branded products or company names.

**FORMAT:** Corporate Symposium handouts must adhere to the following format:

1. **Front Cover**
   a. Program title
   b. Program date and location
   c. Acknowledgment of sponsor to read: “This program is sponsored by an educational grant from 'sponsor name.'”
   d. Acknowledgment of medical education, company name and logo, if applicable.
      - This is the only location such acknowledgment can occur.
   e. AADE17 logo – to be provided by AADE.

2. **Interior Content**
   a. Program goals
   b. Program objectives
   c. Continuing education information (sample available upon request)
      i. Must include: the most up-to-date continuing education information, accessible at www.AADE17.org
   d. Program agenda
   e. Faculty information
      i. Speaker names, credentials, title, employer, city and state of employment
      ii. Biographical information
      iii. Financial and Conflict of Interest disclosure
   f. Slide presentation
   g. Additional resources and references

3. **Back cover (blank)**
**ENDURING MATERIALS:** Webcast (slides with synchronized audio) includes:

» On-site Corporate Symposia audio recording by AADE and applicable AV charges

» Synchronization of audio with slides

» Creation of a printable PDF of activity (slides and transcript)

» Hosting on AADE website for 2 years

» Online post-test

» Accreditation for RNs, RPhs, and RDs

» Contact information for follow-up evaluation

» Free CE for AADE members (nonmembers pay a nominal fee)

**SYLLABUS & PRESENTATION SLIDES:** Management companies are required to produce a syllabus for their satellite symposium to be made available to attendees either onsite or post event. As with all other print materials, the syllabus must be approved by AADE and content requirements will be provided to the management company upon initial satellite approval.
<table>
<thead>
<tr>
<th>Service</th>
<th>Included in AADE fee</th>
<th>Program Administrator Opportunity or Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Processing Fee</td>
<td>INCLUDED</td>
<td>Due March 3, 2017</td>
</tr>
<tr>
<td>Program Management and AADE Staff dedicated to working with Supporting Organization</td>
<td>INCLUDED</td>
<td></td>
</tr>
<tr>
<td>Meeting Room</td>
<td>INCLUDED Room rental&lt;br&gt;Banquet rounds of 10&lt;br&gt;Head table and chairs&lt;br&gt;Podium on an elevated platform</td>
<td></td>
</tr>
<tr>
<td>Audio Visual</td>
<td>INCLUDED 3 lavaliere microphones&lt;br&gt;1 podium microphone&lt;br&gt;2 wired aisle microphones&lt;br&gt;1 screen&lt;br&gt;1 AV technician&lt;br&gt;1 LCD projector&lt;br&gt;1 VGA switch&lt;br&gt;Sound amplification and mixer&lt;br&gt;1 remote slide charger&lt;br&gt;&lt;b&gt;No outside equipment or labor permitted&lt;/b&gt;</td>
<td></td>
</tr>
<tr>
<td>Food and Beverage</td>
<td>INCLUDED 400 people inclusive of tax and gratuity. Plated dinner. &lt;b&gt;Attendance cannot be guaranteed&lt;/b&gt;</td>
<td></td>
</tr>
<tr>
<td>Signage</td>
<td>INCLUDED one 22”x28” sign placed outside Meeting Room&lt;br&gt;and additional signage throughout the Convention Center.&lt;br&gt;&lt;b&gt;Only AADE signage will be allowed outside the room&lt;/b&gt;</td>
<td></td>
</tr>
<tr>
<td>Accreditation</td>
<td>INCLUDED AADE is accredited by the Accreditation Council for Pharmacy Education (ACPE), the American Nurses Credentialing Center (ANCC), and the Commission on Dietetic Registration (CDR) in addition to the California Board of Registered Nurses.</td>
<td></td>
</tr>
<tr>
<td>On-site Staff Badge Scanning</td>
<td>INCLUDED a team of 2-4 staff will scan attendees at the beginning of the session</td>
<td></td>
</tr>
<tr>
<td>Attendance Report</td>
<td>INCLUDED report containing attendee contact information and license # will be distributed 2 weeks after the program</td>
<td></td>
</tr>
<tr>
<td>Evaulator Forms</td>
<td>INCLUDED evaluation results processing and summary report will be distributed 100 days after program</td>
<td></td>
</tr>
<tr>
<td>Application Review by AADE Staff and AADE Approver Unit Reviewers</td>
<td>INCLUDED</td>
<td></td>
</tr>
<tr>
<td>Peer Review by AADE Staff and AADE Approver Unit Reviewers</td>
<td>INCLUDED</td>
<td>Please submit by June 16, 2017</td>
</tr>
<tr>
<td>Course Materials</td>
<td>INCLUDED review and approval of slides, handouts and promotional copy</td>
<td>Please submit by June 16, 2017</td>
</tr>
<tr>
<td>Program Listing/Promotional Advertising/Additional Advertising Opportunities</td>
<td>INCLUDED listing in the Preview, in the On-site Meeting Guide, mobile app and on the AADE website</td>
<td></td>
</tr>
<tr>
<td>On-site Meeting with AADE staff and program administrator/key contact</td>
<td>INCLUDED to review program details</td>
<td></td>
</tr>
<tr>
<td>Enduring Material</td>
<td>INCLUDED synchronization of audio with slides, hosting on AADE website for 2 years (average additional audience of 1500)</td>
<td></td>
</tr>
</tbody>
</table>
Roles and Responsibilities

<table>
<thead>
<tr>
<th>Task</th>
<th>AADE (Provider)</th>
<th>Program Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Title</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Provide Written Support of Needs Assessment</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Faculty Roster</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Financial Relationship Disclosure Forms (see separate document)</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Selection Objectives</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Disclosure of Relevant Financial Relationships and Commercial Support to Learners</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Program Content</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Approval of Program Content</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Pharmacist Designation (UAN)</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Determination of Activity Type (Knowledge, Application or Practice-Based)</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Determination of Program Schedule and Amount of Credits to be Awarded</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Program Promotional Materials (if received by deadline)</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Active Learning Method</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Distribution of Educational Materials in Conjunction with Program</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Learning Assessment Activity</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Program Evaluation Instrument</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Process for Determining the Basis Upon Which Credits Will be Awarded</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Documentation that Participants Met Requirements for Obtaining Statement of Credits</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Statement of Credits</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Summarize Evaluation Forms</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Grievances as Submitted in Writing</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Guidance Provided to Faculty</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Faculty Communication</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Budget</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Enduring Material</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
Financial Policies and Milestones

In accordance with AADE Standards for Commercial Support, it is AADE’s policy that all funds and support associated with a CE activity, whether in the form of an educational grant or not, must be given to the accredited provider (AADE). Live activity funds will be distributed to the management company upon achievement of the two required milestones listed below. Payments to Management Company, regardless of milestone achievement, can never exceed the balance of funds received by AADE from commercial supporter.

1. Submission of all CE requirements (objectives, needs assessment, agenda, faculty forms and CVs, etc.)
   a. 90% of live activity grant, less AADE fees
   b. Funds will be distributed upon receipt from the commercial supporter – if less than 90% received at time of milestone achievement, remaining balance will be paid immediately upon AADE receipt of funds.

2. Submission of post-program documentation and budget reconciliation
   a. Up to 10% of live activity grant-exact amount based on final budget reconciliation.
   b. AADE will retain any unused grand funds for return to the commercial supporter.

CANCELLATION POLICY:

Based on the date of cancellation the following percentages will be retained:

» Cancel by May 5, 2017 = 50% or $76,000
» Cancel after May 5, 2017 = 100% or $152,000
» Cancellations must be made in writing to Lisa Koch (lkoch@conventusmedia.com)
Grant Submission Process

AADE will advise the management company regarding grant request submission process, either authorizing the management company to proceed or, if the commercial interest listed requires that the request come directly from the accredited provider, the management company will have to provide AADE with the information for the grant request, exactly as it is to be entered/uploaded, so that it can be submitted under the AADE’s user information. Note that if it is necessary for AADE to submit the grant, the management company should allow 3-5 business days for AADE staff to complete the grant request once all necessary information is received. Every effort will be made to submit grants promptly, however a faster turnaround cannot be guaranteed. If authorized to submit grant request directly, the management companies are required to provide the AADE with copies of all grant request submissions, (i.e. online forms, screen shots, uploaded attachments, etc.) and grant number or other tracking information.

All grant requests must properly list AADE as the sole accredited provider for the program and also the payee for the grant. The AADE cannot accept grants, Letters of Agreement, and/or Satellite Symposium Applications with alternate provider/payee information, so it is critical that grant requests are properly submitted.
AADE17 Corporate Symposia Application

Application Submission Process

Please email the attached completed Symposium Application to lkoch@conventusmedia.com and mail a printed and signed copy of the application and corresponding application fees to:

American Association of Diabetes Educators Attention: Gregg Lapin, CMP
200 W. Madison Street, Suite 800
Chicago, IL 60606
Office: 312-601-4816

Upon receipt of a grant approval from the commercial supporter, management companies may submit their completed Satellite Symposium Application and required attachments, including the grant LOA for AADE signature (note that in the case of electronic acceptance agreements, the LOA must still be submitted to AADE first for online acceptance authorization).

AADE Staff will advise if any application components are missing as incomplete applications are not accepted. Management companies may also be advised if any of the proposed faculty are also confirmed for other sessions at the AADE Annual Meeting as AADE does limit the number of appearances an individual can make on the Annual Meeting Program.

Complete applications will be reviewed by the AADE. Please allow 5-7 business days for AADE staff to review.

ADDITIONAL PROGRAM INFORMATION REQUIRED

» Provide a brief abstract/description of this program. This description will be included in the AADE17 On-site Meeting Guide, Mobile App and listed on the AADE17 website. Limited to 100 words or less.
Symposium Contacts and Record Keeping

**Supporting Organization (Grantor) Contact**

<table>
<thead>
<tr>
<th>Company:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Key Contact Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
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</tbody>
</table>

**Medical Education, Marketing or Communication Company Contact**

<table>
<thead>
<tr>
<th>Company:</th>
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<tbody>
<tr>
<td>Corporate address:</td>
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</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Key Contact Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Department:</td>
<td></td>
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<tr>
<td>Phone:</td>
<td>Fax:</td>
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<tr>
<td>Email:</td>
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</tbody>
</table>

**Program Administrator/Key Contact**

<table>
<thead>
<tr>
<th>Company:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Key Contact Name:</td>
<td>Title:</td>
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<tr>
<td>Department:</td>
<td></td>
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<tr>
<td>Phone:</td>
<td>Fax:</td>
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<td>Email:</td>
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</tbody>
</table>

As Program Administrator/Key Contact for this program, I agree to keep the above listed program records on file for seven years from the date of this program’s presentation. I am providing the following information to document compliance with ANCC Commission on Accreditation criteria on maintenance of continuing education records.

**Individuals Authorized to access these records:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Title:</td>
</tr>
</tbody>
</table>

**Person Responsible for maintaining records for seven years (i.e. Official Record Keeper, if different from Program Administrator)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Site or location for storage of records for this program (must allow for retrieval of essential information):

Describe the record filing, storage, retrieval, retention and method for assuring confidentiality:
Speaker and Planning Team List

AADE is a multidisciplinary organization. We encourage the planning team and speakers to consist of a minimum of two different disciplines.

» **Required**: One (1) planning team member must be a Registered Nurse (RN) with a baccalaureate degree or higher in Nursing

» **Recommended**: No more than three (3) speakers are recommended.

### Program Administrator (required)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Credentials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td></td>
</tr>
</tbody>
</table>

- Circle/check if applicable:  
  - [ ] Planner  
  - [ ] Speaker  
  - [ ] Moderator  
  - [ ] All

- [ ] Participated in the development of objectives
- [ ] Participated in the development of content outline
- [ ] Reviewed objectives/content outline

### RN Team Member (required)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Credentials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td></td>
</tr>
</tbody>
</table>

- Circle/check if applicable:  
  - [ ] Content Expert  
  - [ ] Planner  
  - [ ] Speaker  
  - [ ] Moderator  
  - [ ] All

- [ ] Participated in the development of objectives
- [ ] Participated in the development of content outline
- [ ] Reviewed objectives/content outline

**Note:** this can be the same as the RN Team Member

### Content Expert Team Member (required)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Credentials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td></td>
</tr>
</tbody>
</table>

- Circle/check if applicable:  
  - [ ] Content Expert  
  - [ ] Planner  
  - [ ] Speaker  
  - [ ] Moderator  
  - [ ] All

- [ ] Participated in the development of objectives
- [ ] Participated in the development of content outline
- [ ] Reviewed objectives/content outline

### Team Member

<table>
<thead>
<tr>
<th>Name:</th>
<th>Credentials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td></td>
</tr>
</tbody>
</table>

- Circle/check if applicable:  
  - [ ] Planner  
  - [ ] Speaker  
  - [ ] Both

- [ ] Participated in the development of objectives
- [ ] Participated in the development of content outline
- [ ] Reviewed objectives/content outline
Program Assessment, Topics and Goals

Check all that apply for each specific discipline. Please check which discipline(s) completed the needs assessment to identify a gap in care. If you surveyed all three disciplines, then check off each discipline. If you are seeking CE credit for all three disciplines, then you must check off what type of needs assessment you performed for each discipline.

NEEDS ASSESSMENT
- Previous Program Evaluations
- Survey of Target Audience
- Management/Chapter Leadership Identified
- Learner Request
- New Technology, Evidence or Treatment
- Change in Practice Guidelines

DISCIPLINE
- RD
- RN
- RPh

RECOMMENDATIONS FROM
- Quality Assurance Study
- Education Committee
- AADE Member Survey/Data
- ADtA Need Survey/Data
- Standards of Practice/Care
- CE Required on Topic

(Example: if you surveyed pharmacists about their learning needs then check off Survey of Target Audience and circle RPh)

OVERALL PROGRAM TOPIC(S)
Check all that apply
- Business, Government and the Practice of Diabetes Education
- Clinical – Psychosocial – Behavioral Realms: Wrapping it All Together
- Innovative Tools and Technology
- Primary Prevention
- Models of Care Delivery
- Diabetes Across the Lifespan: Through the Cultural Looking Glass
- Establish innovative partnerships that will promote chronic disease management through measurable outcomes
- Describe new methodologies used to support and enhance the quality of patient centered care
- Demonstrate how to enhance the role of the diabetes educator in a time of innovative change

TARGET AUDIENCE
- RN
- NP
- RD
- RDT
- RPh
- CDEs
- Health Educators
- PA/MD/DPM/DO
- Mental Health Professional
- PT/OT
- Case Managers
### Educational Strategy and Planning Table

**OVERALL PROGRAM LEARNING OBJECTIVES**

*(3-4 objectives for a 90-minute session)*

Describe what participants may be able to accomplish as a result of your session. These objectives will also appear on the AADE-provided evaluation forms, to make sure that participants will be able to evaluate whether they reached each objective at the end of the program. **At the end of this presentation, the participant will be able to:**

1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________

**TEACHING METHODS** *Check all that apply*

- Lecture/PowerPoint
- Case studies
- Discussion
- Examples
- Demonstrations
- Other

**ACTIVE PRINCIPLES** *Check all that apply*

Evaluate your teaching methodology to make sure that your program will be an adequate educational activity for adults of different learning styles.

- Involves Learner in Evaluation
- Recognizes Readiness to Learn
- Uses Inquiry Focused Activity
- Practice or Application Focused
- Utilizes Previous Experience
- Recognizes the Need to Share
- Recognizes Autonomy
- Uses Problem Oriented Approach
- Manipulation of Objects

**LEARNING ASSESSMENT** *Check all that apply. If a box is checked the information MUST accompany application.*

Describe how this session will assess participant learning and ascertain the level of fulfillment of the overall program goals and objectives.

- Post-testing alone with group discussion and critique of answers
- Patient case study discussions and problem solving exercises
- Audience response system to questions with correct answer explained
- Action planning or goal setting activity specific to presented topic
- Other
EDUCATIONAL PLANNING TABLE – LIVE (2017 CRITERIA)

Title of Activity: ____________________________________________________________

Date of Activity: ___________________________________________________________

Identified Gap(s): __________________________________________________________

» Description of current state: ________________________________________________

» Description of desired/achievable state: ______________________________________

» Gap to be addressed by this activity: ☐ Knowledge ☐ Skills ☐ Practice

☐ Other, describe: __________________________________________________________

Activity Type (check one):

☐ Knowledge-based ☐ Application-based ☐ Practice-based

Purpose: (write as an outcome statement, e.g. “The purpose of this activity is to enable the learner to…”)

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>CONTENT (TOPICS)</th>
<th>TIME FRAME</th>
<th>PRESENTER</th>
<th>TEACHING METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>List learner’s objectives in behavioral terms.</td>
<td>Provide an outline of the content for each objective. It must be more than a restatement of objective.</td>
<td>State the time frame for each objective (minutes).</td>
<td>List the Faculty for each objective.</td>
<td>Describe the teaching methods, strategies, materials &amp; resources for each objective.</td>
</tr>
<tr>
<td>1. A. B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. A. B.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. A. B.</td>
<td></td>
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</tr>
</tbody>
</table>

List the evidence-based references used to develop this program: ________________________________

Note: time spent evaluating the learning activity may be included in the total time when calculating hours.

Total minutes ____________ divided by 60 = ________________ contact hour(s)

Completed by: (name, credentials and date) ____________________________________________________
Biographical Data Form

Resumes cannot be accepted in place of completion of this form.

**Indicate your role(s) in the program:**
☐ Planning Team Member
☐ Speaker
☐ Program Administrator
☐ Moderator

Name/Credentials: ________________________________________________________________

Title: _______________________________________________________________________

Employer: ____________________________________________________________________

Preferred Address: _____________________________________________________________

City: __________________ State ______ Zip Code __________________

Phone: __________________ Fax: __________________

Email: _______________________________________________________________________

**Present Position.** Description of responsibilities: ________________________________

____________________________________________________________________________

____________________________________________________________________________

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____________________________________________________________________________

**Expertise.** Please describe your expertise and years of training specific to this educational activity: ______________

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____________________________________________________________________________
Financial Relationship(s) Disclosure Statement/COI

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner? (To be completed by Planning Committee members, faculty, reviewers and organizational staff) □ Yes □ No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest:*

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Check all that apply</td>
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<tr>
<td>Salary</td>
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<tr>
<td>Royalty</td>
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<tr>
<td>Stock</td>
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<td>Speakers Bureau</td>
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<tr>
<td>Consultant</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

*All conflicts of interest, including potential ones, must be resolved prior to planning, implementation, or evaluation of the continuing nursing education activity.

It is the policy of the American Association of Diabetes Educators to require faculty and each individual who is in a position to control the content for all educational programs provided by AADE to complete the Financial Relationship/s Disclosure Statement. We ask that you provide information concerning any commercial interests/relevant financial relationships which you or your family member have, or have had within the past 12 months (for this purpose we consider the relevant financial relationships of your family members that you are aware of to be yours). A printed announcement will be included with the participants’ materials to identify pertinent relationships that speakers and planners have with industry partners/commercial entities in order to facilitate the participants’ ability to draw informed conclusions regarding each speaker’s presentation. In addition, this information is required in order to be in compliance with the FDA and our credentialing bodies. This policy will not prevent anyone who is affiliated with a diabetes-related company from being a speaker for AADE. It is also AADE policy to not allow use of any industry (pharmaceutical or device companies) supplied slides or handouts during educational activities.

CONFLICT RESOLUTION (to be completed by Nurse Planner)

Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

□ Not applicable since no conflict of interest.

□ Removed individual, with conflict of interest, from participating in all parts of the educational activity.

□ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

□ Not awarding contact hours for a portion or all of the educational activity

□ Undertaking review of the educational activity by content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation

□ Undertaking review of the educational activity by content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

□ Other (describe):
DOCUMENT DISCUSSION WITH INDIVIDUAL WHO HAS POTENTIAL CONFLICT

- I have no disclosures to report
  This information will be used by AADE only to inform educational meeting participants of any significant relationships or lack thereof with diabetes-related companies or other interested parties.

- I WILL discuss or present information that is related to an off-label or investigational use of a therapy, product or device in this CE activity. Further, I will inform participants of the off-label/investigational discussion at the time it occurs. I have described the off-label or investigational use below.

Describe the off-label or investigational use:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Required for Speakers ONLY

- I WILL NOT discuss or present any off-label or investigational products during my presentation.

STATEMENT OF UNDERSTANDING

An ‘X’ in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

- Electronic Signature (required) Date: ________________________________________

Completed by (name and credentials): ________________________________________