

# Conference Sessions – CPD Accreditation Application Form

This document should be completed after reading with the [CPD Accreditation FAQs](#)

## SESSION DETAILS

Session title: \_\_\_\_\_

Session sponsor: \_\_\_\_\_ Email: \_\_\_\_\_

Date of session: \_\_\_\_\_ Time: \_\_\_\_\_ Session duration: \_\_\_\_\_

## PRESENTER

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

## CONFLICTS OF INTEREST

Please disclose any conflicts of interest which may affect the development and delivery of this activity.

Tick all that are applicable:

- I have received payment from a commercial organisation (including gifts or other 'in-kind' compensation)  
Briefly explain \_\_\_\_\_
- I have received a grant(s) or an honorarium from a commercial organisation  
Briefly explain \_\_\_\_\_
- I hold investments in a commercial organisation  
Briefly explain \_\_\_\_\_
- I have been/currently am employed by a commercial organisation that may experience financial gain or loss from the information to be presented  
Briefly explain \_\_\_\_\_

Please state below any other conflicts of interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRESENTER ACKNOWLEDGEMENT

Please tick:

- My contribution to the content for this activity is based on critical evaluation of relevant literature and/or practice based professional evidence. When using my own experiences to discuss a topic, I will disclose potential limitations of the evidence to the audience.
- My contribution to this activity has not been influenced or restricted by any sponsorship arrangement.
- That this activity is free of commercial bias and understand that the use of any promotional language is not permitted.
- This activity will be delivered to pharmacists and will be relevant to contemporary pharmacy practice.
- That I will allow sufficient time for participants to ask questions within the session and also allow follow up on questions to be sent to me by the Events Manager (if required).
- That I will notify and provide to the Events Manager all amendments / alterations to the session prior to delivery. Please note that amendments may change the accreditation status of the activity.
- That the information provided is complete and accurate and the session will be delivered as per application and supporting materials submitted.
- I have declared all conflicts of interest to participants of this activity.

Presenter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have completed this document with the full understanding of my responsibilities in relation to delivering a CPD accredited activity and my typed name acts as my signature.*

SAVE THIS FORM FOR LATER 

SUBMIT THIS FORM BY EMAIL NOW 

PLEASE RETURN THIS FORM BY 10 AUGUST 2018 TO [events@qldguild.org.au](mailto:events@qldguild.org.au) OR FAX 07 3831 9246