

Conference Sessions – CPD Accreditation Application Form

This document should be completed after reading with the [Speaker 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.
- I have included in my presentation at least three (3) key messages I want the audience to take from my presentation.
- I am submitting my presentation with this application form.
- I am submitting MCQ assessment questions and answers with this application form.
- I understand that the Guild will monitor the ongoing performance of providers of accredited activities, which may include observation of accredited activities by a delegate(s) of the CPD Accreditation Review Panel.
- I understand that the Guild reserves the right to revoke the accreditation of any activity, should it fail to comply with the application as approved or the ongoing conditions for approval
- I will comply with the National Privacy Principles (Principle 2) and this will be considered for all relevant material and storage of participant information.

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 9 AUGUST 2019 TO events@qldguild.org.au OR FAX 07 3831 9246