

Conference Sessions – CPD Accreditation Application Form

This document should be completed after reading 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. Speakers with any conflicts of interest must disclose this to the audience at the beginning of the session. 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

To complete your application, please acknowledge that you have fulfilled all CPD requirements by ticking each box below. Presenters who cannot fulfil these requirements may need to review and revise their application.

- 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 I 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 The Pharmacy Guild of Australia may monitor this accredited activity.
- I understand that the The Pharmacy Guild of Australia 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 6 AUGUST 2021 TO events@qldguild.org.au OR FAX 07 3831 9246