



## American College of Physicians Proposal for Internal Medicine Meeting 2025

### Instructions

Thank you for your interest in participating in the American College of Physicians' (ACP) annual scientific meeting. The Internal Medicine Scientific Program Committee (IMSPC) is now accepting proposals for Internal Medicine Meeting 2025, which will be held in New Orleans, LA on **April 3-5, 2025**. The IMSPC welcomes all proposals\*, though faculty who have previously presented at ACP scientific meetings or chapter meetings are given the highest priority. If you have not participated in a chapter meeting, we encourage you to contact the governor of your local ACP chapter and explore the possibility of participating in an upcoming meeting.

In order for your proposal to be forwarded to the Internal Medicine Scientific Program Committee for consideration please:

- 1) Complete the Proposal for Internal Medicine Meeting 2025 application.
- 2) Include documentation of the practice gap the session will address. Documentation may be a peer reviewed journal article, national QI data, etc. A description of the gap without supporting evidence will not be accepted.
- 3) Attach curricula vitae for all faculty who will participate in the proposed session.
- 4) Complete the Disclosure Form.
- 5) **Proposals must be received by May 15, 2023.** Proposals received after the deadline will be considered for the 2026 meeting. Submit completed proposal to:

David Disbrow  
Director, Instructional Design and Events  
American College of Physicians  
190 N. Independence Mall West  
Philadelphia, PA 19106-1572  
[ddisbrow@acponline.org](mailto:ddisbrow@acponline.org)

We appreciate your interest in participating in Internal Medicine Meeting 2025 and look forward to the possibility of your involvement in College activities.

\* Note that the Proposals for hands-on workshops fall under the purview of the Clinical Skills Committee (CSC). If you are interested in proposing a hands-on activity, please contact Colleen Poole at [cpoole@acponline.org](mailto:cpoole@acponline.org) for a proposal form and more information.

American College of Physicians

Proposal for Internal Medicine Meeting 2025

April 3-5, 2025

New Orleans, LA

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I. Title of Proposed Session: \_\_\_\_\_

II. Briefly describe the practice gap on which the activity is based. Attach documentation (hard copy or PDF) of the practice gap, e.g., peer reviewed journal article, QI data, national health care data, patient outcome data, performance measures etc. Highlight the gap in the document. A description of the gap without supporting documentation will not be accepted. (ACCME defines practice gaps as "the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge." When there is a difference between what the physician actually does in practice and what is possible to achieve when informed by evidence-based medicine, a practice gap exists.)

III. Educational needs (learning objectives) derived from the practice gap:

IV. Description of the session (*attach separate sheet if necessary*):

V. Target Audience:

- VI. Educational Design:  Didactic session – 1 presenter  
 Panel session – Limit of 3 faculty, including moderator

VII. Special Equipment Requirements (other than PowerPoint):

VIII. Preferred Length of the Proposed Session:  45 min.  60 min.

IX. Have you previously presented the proposed session?  Yes  No  
If yes, please indicate where and when you presented the session. If available, please attach evaluation data.

X. List other presentations you have delivered. Indicate the type of meeting where these were offered (e.g., grand rounds, subspecialty society annual meeting, etc.) and the organization that provided the CME credit. Be sure to include presentations given at prior ACP annual meetings or ACP Chapter meetings. If available, please attach evaluation data for each presentation.

Please attach curricula vitae for all proposed faculty.

**American College of Physicians  
Proposal for Internal Medicine Meeting 2025  
Temporary Disclosure of Financial Relationships**

**Full Name:** \_\_\_\_\_

**Title of Proposed Session:** \_\_\_\_\_

As an ACCME-accredited CME provider, the ACP requires everyone in a position to control the content of an educational activity to disclose all financial relationships in any amount, occurring within the past 24 months, with ACCME-defined ineligible company. ACCME defines an ineligible company as one *whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients*. Providers of clinical service directly to patients (other than those owned, or controlled by, an ACCME-defined ineligible company) need not be disclosed.

A conflict of interest, created when an individual has an opportunity to affect CME content about products or services of a commercial interest with which one has a financial relationship, must be resolved before that individual can control CME content.

**Role:**    planning committee    speaker    director    author    reviewer    other: \_\_\_\_\_

*check all that apply*

**Please complete the following:**

***Section 1:***

In the past 24 months, have you had a financial relationship in any amount with a company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients?

**NO – Please check the box, then sign and date below.**

**YES – Please check the box, complete chart, and sign and date below.**

Type of Relationship	Name of Organization
Employee/Owner:	
Stock Options/Holdings:	
Research Grants/Contracts:	
Honoraria/Speakers Bureau:	
Consultant:	
Patent Owner:	
Other (explain):	

I understand that the information I provide on this form will be made known to the planners of the Internal Medicine Meeting 2025. If my proposal is selected, I agree to complete my disclosure through the AAMC Convey Global Disclosure System when requested.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_