



## American College of Physicians Proposal for Internal Medicine Meeting 2020

### 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 2020, which will be held in **Los Angeles, CA on April 23-25, 2020**. 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 2020 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, 2018.** Proposals received after the deadline will be considered for the 2021 meeting.

Barbara Licht  
Director, Educational Meetings and Conferences  
American College of Physicians  
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We appreciate your interest in participating in Internal Medicine Meeting 2020 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, Administrator, Clinical Skills Programs, at [cpoole@acponline.org](mailto:cpoole@acponline.org) for a proposal form and more information.

American College of Physicians

Proposal for Internal Medicine Meeting 2020

April 23-25, 2020

Los Angeles, CA

Name:

First Name

Last Name

Date

Title/  
Affiliation:

Address:

Phone:

Fax:

E-Mail:

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.

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. Length of the Proposed Session:**     60 min.     90 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**  
**Conflict of Interest Disclosure Statement for CME Faculty, Authors, Members of Planning Committees and Staff**

Name of Activity: Internal Medicine Meeting 2020      Date: April 23-25, 2020      Location: Los Angeles, CA

It is the policy of the American College of Physicians (ACP) to ensure balance, independence, objectivity and scientific rigor in all its educational activities. A conflict of interest exists when an individual or their spouse/partner has a financial relationship with a commercial interest. These relationships are defined as financial relationships in any amount occurring within the past 12 months with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. All faculty, authors, members of planning committees and staff participating in any ACP educational activities are therefore expected to disclose all financial relationships. The principal intent of this disclosure is not to prevent an individual with such relationships from participating in the activity. Disclosure is required so that the planning committee, course director, and/or staff can resolve these conflicts and so that participants may be informed and form their own judgments about the activity in the light of full disclosure of the facts.

Faculty, authors, members of planning committees and staff should utilize the best available evidence when developing the content of the activity. Participants will be asked to evaluate the objectivity of the presentation or publication and to identify any perceived commercial bias.

**Section 1:** I have read the above and I declare the following:

- I have no relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. *(Skip to Section 3)*
- I have a relationship with an entity(s) producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients as noted below. *(Complete Sections 1, 2, & 3)*

**(Please indicate the companies with whom you have a relationship and the nature of your role below.)**

Type of Relationship	Name of Organization	Type of Relationship	Name of Organization
Employment	_____	Consultantship	_____
Stock Options/Holdings	_____	Patent Owner	_____
Research Grants/Contracts	_____	Speakers Bureau	_____
Royalties	_____	Other <i>(please explain)</i>	_____
Honoraria	_____	If you need additional space, please attach a separate sheet.	

- Section 2:**
- The relationships above are not relevant to the topic I will be discussing.
  - One or more of the above relationships are relevant to the topic and content of my presentation. Complete A & B.

A. Company or companies.

\_\_\_\_\_

B. Please provide one or two evidence-based bibliographic citations relevant to your discussion of product(s) produced by the companies with which there is a potential conflict of interest.

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

**Section 3:**  I hereby accept the invitation to participate as: \_\_\_ Faculty \_\_\_ Author \_\_\_ Staff \_\_\_ Planning Committee Member  
*(Check all that apply.)*

Due to a conflict of interest, I decline to participate at this time.

Name *(Please print)* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that the information I provide on this form will be made known to the planners and participants of the educational activity.

**Please note:** It is the responsibility of faculty and authors to inform participants of any discussion of unapproved or investigative use of a commercial product or device during the activity or, if applicable, in response to questions posed by the participants. Faculty and authors should use generic names whenever possible. If trade names will be used, those from several companies should be used.

**Individuals who do not complete and submit this form cannot serve as faculty, authors, or planning committee members.**