***CALL FOR SCIENTIFIC PAPERS/ABSTRACTS***

TO: NC Orthopaedic Surgeons

FROM: Chad Mather, MD, President

Tally Lassiter, MD, Program Chair

DATE: March 16, 2018

Over the weekend of October 12-14, the North Carolina Orthopaedic Association will convene at the Kiawah Island Golf Resort (call 800-654-2924 for reservations). We are looking forward to another great meeting.

If you would like to participate as a speaker on the program, you are invited to submit your topic, including educational objective(s), for consideration. The meeting’s audience will be comprised of your orthopaedic colleagues from North Carolina. As is our practice, orthopaedic surgeons from neighboring states will be invited to attend, as well.

Please complete the accompanying form to submit your entry, or email the information (preferred) to nlowe@ncmedsoc.org by the response deadline of Tuesday, May 1. All presenters will be required to complete and submit a Conflict of Interest Disclosure form for CME purposes; please complete and return this form with your submission.

Also be sure to mark your calendar for October 12-14. We hope to see you in Kiawah!

**2018 NC Orthopaedic Association Annual Meeting**

**October 12-14, 2018**

**Scientific Paper/Abstract Submission Form**

**Please complete and return this form, along with the Conflict of Interest Disclosure form, no later than Tuesday, May 1 by email (preferred) to Nancy Lowe,** **nlowe@ncmedsoc.org****, or mail/fax to:**

North Carolina Orthopaedic Association

PO Box 27167, Raleigh, NC 27611

FAX: 919-833-2023

|  |
| --- |
| Presentation Title/Topic: |
|  |
| Summary Abstract: |
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| The main **educational objective** of my presentation would be: |
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| --- | --- | --- |
| Name: |  | [ ]  MD [ ]  DO Other: \_\_\_\_\_\_\_\_ |
| [ ]  Attending Physician | [ ]  Fellow | [ ]  Resident |
| Email: |  |  |
| Affiliation: |  |  |
| Address: |  |  |
| City:  |  | State:  |  | Zip: |  |
| Business Telephone: |  | Fax:  |  |

**Southern Regional AHEC**

**CE/CME/Pharmacy**

**Biographical Data and Disclosure/Resolution of Conflict Form**

**Relationship to the Activity:**

(e.g., planner, speaker, series coordinator, author, planning committee member)

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| --- |
| **Section 1: Demographic Data** |

Name:       Degrees/Credentials:

Last 4 of SSN:

Home OR Work Address:

Work Phone:       Cell Phone:       Email Address:

Present Position Title and Employer:

If RN, check nursing degree: [ ]  ADN [ ]  Diploma [ ] BSN [ ]  Masters [ ] Doctorate

Describe your education experience as it relates to/supports your participation in the planning or presentation of this educational activity:

|  |
| --- |
| **Section 2: Planner Information (FOR PLANNERS OF NURSING PROGRAMS ONLY)** |

[ ]  I am knowledgeable about the continuing education process through: Describe

[ ]  I represent the target audience by: Describe

[ ]  Other: Describe

|  |
| --- |
| **Section 3: Disclosure and Resolution of Conflict for Faculty, Speakers, Authors, Directors, and Planners**  |

* All persons in a position to control or influence the content of this educational activity (planner, faculty presenter or content specialist) are required to disclose to the audience the existence of any real or apparent conflict(s) of interest. This pertains to the individual’s (spouse, or partner’s) financial/professional relationships with entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. All persons in a position to control content must disclose these relationships, whether or not there is direct commercial support for the educational activity.
* The intent of this disclosure is not to prevent a person with significant relationships from making a presentation, but rather, to provide audience members with information on which they can make their own judgments or to resolve conflicts in advance. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation’s exposition or conclusion(s).
* All medical and pharmacy faculty presenters are also required to disclose to the audience any discussion of off-label, experimental, and/or investigational uses of drugs or devices in their presentation(s).
* The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the educational activity being delivered to learners.
* Any individual who refuses to disclose relevant financial relationship will be disqualified from being a planning committee member, teacher, or an author of continuing medical education, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the activity.
* An example of a perceived conflict of interest would be if you or a member of your family has, within the past 12 months received salary, royalty, speaking honorarium, research appointment, board of directors remuneration or consulting fee from an organization whose product or service is being discussed in the learning activity or if you or a family member own stock in such a company. Other such conflicts of interest would be if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topics, etc.).

**Disclosure**

1. At present and/or within the last 12 months:

[ ]  **YES –**my spouse/partner or I do have financial/professional relationships with the manufacturer(s) of commercial product(s) and/or the provider(s) of commercial service(s) discussed in this CME activity.

[ ]  **NO –** neither I nor my spouse/partnerhave financial/professional relationships with the manufacturer(s) of commercial product(s) and/or the provider(s) of any commercial service(s) discussed in this CME activity.

**Please indicate ALL such relationships below.**

|  |  |  |
| --- | --- | --- |
| **Person** **(specify self or other)** | **Organization** | **Role** **(consultant, speaker’s bureau, major stock holder, board member, advisory board member, etc.)** |
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1. I, the undersigned, agree to make meaningful disclosure to the attendees of this activity of the above as well as any limitations of data and/or any discussion of off-label, experimental, and/or investigational uses of drugs or device(s) in my presentation(s) in one of the following ways:

[ ]  Verbal statement during the presentation

[ ]  Information provided on handouts

[ ]  Information provided in audiovisuals (slides, overhead, PowerPoint, etc.)

[ ]  Other: Describe

Signature Date

**Resolution of Personal Conflicts of Interest *(Must be completed only if disclosure of a financial relationship with a commercial interest has been reported.)***

Please check all procedures used to resolve conflict of interest or potential bias, if applicable for this activity:

[ ]  I have discussed this conflict with the program planner and agree to the organization’s policy on resolution of conflict.

[ ]  I have signed the statement below.

[ ]  In conjunction with 1 and 2, I understand that an SRAHEC staff member or designee will monitor the session to ensure conflict does not arise.

[ ]  Not applicable since no conflict of interest.

[ ]  Other, please describe

“I will support my presentation and clinical recommendations with the “best available evidence” from the medical/nursing literature and will not influence or bias my presentation and/or planning of the activity. I will refrain from making recommendations, regarding products or services. I will disclose any limitations of data and/or any discussion of off-label, experimental, and/or investigational use of drugs or devices in my presentation and will submit my talk 2 weeks in advance to allow for adequate peer review.”

Signature Date