

CE ACTIVITY PLANNING COMMITTEE FORM

This form helps us gather information about the presenter(s) and prevent commercial bias. Please submit this page, along with each member's required documents, with the proposal. If you have any questions, please contact the Director of Education & Membership (etampin@wspdc.org).

PROPOSED ACTIVITY			
CE Activity Title		Activity Date	

ORGANIZER	
Name <i>(with credentials/degrees)</i>	
Title	
Professional Affiliation	
Email Address	

PLANNING COMMITTEE MEMBERS			
Name <i>(with credentials/degrees)</i>	Title	Professional Affiliation	Email Address

SUPPLEMENTAL DOCUMENTS (Check each box to indicate that document is included.)	
<u>Required</u> <input type="checkbox"/> Current CV/Resume <input type="checkbox"/> COI/Disclosure Form (page 3-5)	<u>Optional</u> <i>(Include if presenting or moderating)</i> <input type="checkbox"/> Speaker Bio <input type="checkbox"/> Statement of Ethics/Scientific Basis (page 2)

Does this activity include planners from more than one profession?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Proposals will not be reviewed until the required supplemental documents for each planning committee member is received.