



AMERICAN COLLEGE OF PHYSICIANS  
INTERNAL MEDICINE | *Doctors for Adults*

**American College of Physicians**  
**Proposal for Internal Medicine 2011**

**Instructions**

Thank you for your interest in participating in the American College of Physicians' (ACP) annual scientific meeting. The Scientific Program Subcommittee (SPSC) is now accepting proposals for Internal Medicine 2011, which will be held in **San Diego, CA on April 7-9, 2011**. The SPSC 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 subcommittee for consideration please:

- 1) Complete the Proposal for Internal Medicine 2011 application.
- 2) Attach a curriculum vitae for yourself and all faculty who will participate in the proposed session.
- 3) Complete the Disclosure Form.
- 4) Mail these to the address below by **November 1, 2009**.

Barbara Licht  
Director, Educational Meetings and Conferences  
American College of Physicians  
190 N. Independence Mall West  
Philadelphia, PA 19106-1572

We appreciate your interest in participating in Internal Medicine 2011 and look forward to the possibility of your involvement in College activities.

**American College of Physicians**

**Proposal for Internal Medicine 2011**

**April 7-9, 2011**

**San Diego, California**

**Name:**

\_\_\_\_\_

**First Name**

\_\_\_\_\_

**Last Name**

\_\_\_\_\_

**Date**

**Title/  
Affiliation:**

**Address:**

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**I. Title of Proposed Session:**

**II. Documentation of practice gap on which this activity is based (attach source document and highlight gap):**

**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**

\_\_\_\_\_ **Hands-on workshop – Specify number of faculty needed to accommodate anticipated audience size:**

**Faculty** \_\_\_\_\_ **Audience size** \_\_\_\_\_

**VII. Special Equipment Requirements (Other than PowerPoint):**

**VIII. Length of the Proposed Session:**     60 min.     90 min.

1-day pre-course     2-day pre-course (*very limited availability for 1-or 2-day pre-course*)

**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 a curriculum vitae for each proposed faculty member.**

**American College of Physicians**  
**Conflict of Interest Disclosure Statement for CME Faculty, Authors, Members of Planning Committees and Staff**

Name of Activity Internal Medicine 2011      Date April 7-9, 2011      Location San Diego, California

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	_____
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.**