

CHECKLIST:

- Completely fill out and sign the application. Incomplete, handwritten or unsigned applications will not be reviewed.
- Attach a typed presentation outline. List the title of the presentation exactly as noted on the application form.
- Attach a current CV or biographical sketch for each presenter.
- Complete the Financial Relationships Disclosure Form (page 5) for each presenter.

Please retain a copy of your application and email, mail or fax your completed application to:

AAOMS

Attn: Katie Brower

Staff Associate, Continuing Education

9700 W. Bryn Mawr Ave.

Rosemont, IL 60018

Phone: 847-233-4309

Fax: 847-678-4619

Email: kbrower@aaoms.org



American Association of Oral and Maxillofacial Surgeons Webinar Application Form

Read the following information carefully and thoroughly before completing the form. Applications without all required information will not be considered. **Please type all information.**

Contact information:

Primary presenter's name and credentials:

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

AAOMS Member: Yes No

(Optional)

Secondary presenter's name and credentials:

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

AAOMS Member: Yes No

Presentation Status

- New:** The information is being considered for a first-time presentation.
- Revised:** The information reflects revision of previously presented material.
- Repeat:** The program has previously been presented at AAOMS meetings.

Clinical Topics

Please select the single category you feel most appropriately covers your topic:

- | | | |
|---|--|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Infection | <input type="checkbox"/> Reconstruction |
| <input type="checkbox"/> Cleft and craniofacial surgery | <input type="checkbox"/> Medicine | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Cosmetic surgery | <input type="checkbox"/> Nerve repair | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Dental implants | <input type="checkbox"/> Obstructive sleep apnea | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Dentoalveolar | <input type="checkbox"/> Orthognathic surgery | |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Pathology | |

Practice Management Topics:

Please select the single category you feel most appropriately covers your topic:

- | | | |
|---|--|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Infection control | <input type="checkbox"/> Patient safety and performance improvement |
| <input type="checkbox"/> Coding and billing | <input type="checkbox"/> Legal | <input type="checkbox"/> Personnel administration |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Marketing and practice building | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Computers and technology | <input type="checkbox"/> Office emergencies | <input type="checkbox"/> Practice organization |
| <input type="checkbox"/> Emergency preparedness | <input type="checkbox"/> Social media | <input type="checkbox"/> Retirement and estate planning |
| <input type="checkbox"/> Financial management | <input type="checkbox"/> OSHA, HIPAA and other regulatory requirements | <input type="checkbox"/> Risk prevention |
| <input type="checkbox"/> Hazard planning | | <input type="checkbox"/> Team building |
| <input type="checkbox"/> Implants and implant radiology | | <input type="checkbox"/> Other: |

Webinar Length: 60 minutes (Clinical) 90 minutes (Practice Management)

Preferred Presentation Time (Central Time): Morning Midday Evening

Presentation Title:

Presentation Synopsis (limit to 100 words):

Presentation Objectives:

Please refer to the attached List of Verbs for Formulating Education Objectives, located on page 6.

After completing this program, the attendee should be able to:

Example: Discuss the risks and benefits of a zygomatic implant.

1. *Required:*
2. *Required:*
3. *Required:*
- 4.
- 5.

Conflict of Interest or Dual Commitment:

The AAOMS Board of Trustees has determined that dual commitment should not restrict any presentation provided that appropriate disclosure of such commitment is made. Dual commitment has been defined as a simultaneous commitment to commercial interests related to the subject of a specific scientific/educational activity, such as special customer preferences; financial interest; consultantships; governance; research contracts; ownership of patents, companies, royalties, stock options or equity; past/present employment of immediate family or relatives.

Each presenter of an accepted program **must** sign the attached Financial Relationships Disclosure Form. **Failure to complete and return the form will delay review of the application until such form is received by AAOMS.**

The presentation is to impart an idea, concept, or philosophy on a particular topic. The presenter is to prepare the presentation in a generic nature and the presentation is not to contain oral or written reference to the name of a particular company or product whether the presenter has any commercial ties or not. The presenter may **NOT** make reference to a particular company or product, except as is required to describe scientific information.

Do you or your associate speaker have a dual commitment in the program material?: Yes No

Representations and Warranties:

All presenters must represent and warrant that any materials utilized, distributed or presented, including, but not limited to, handouts, electronic presentations, oral commentary or materials in any other format or medium, will not infringe on the copyrights or trademarks held by another. All presenters must represent and warrant that any materials utilized, distributed or presented, including but not limited to handouts, electronic presentations, oral commentary or materials in any other format or medium will not constitute an invasion of privacy, a violation of patient privacy laws or libelous and/or slanderous behavior.

Signature of Understanding and Compliance with AAOMS Policies:

I fully understand that my signature on this application will serve as my representation and warranty that any materials utilized, distributed or presented during the program, including, but not limited to, handouts, electronic presentations, oral commentary or materials in any other format or medium, will not infringe on the copyrights or trademarks held by another. It will also serve as my representation and warranty that any materials utilized, distributed or presented during the program, including but not limited to, handouts, electronic presentations, oral commentary or materials in any other format or medium will not constitute an invasion of privacy, a violation of patient privacy laws or libelous and/or slanderous behavior.

In the event of a breach of any of the above mentioned representations and warranties, my signature will serve as my agreement to hold AAOMS and its officers, directors, employees and agents harmless from any claim or cause of action, including court costs and attorney's fees, resulting from such a breach. I attest that I have sufficient indemnification coverage or insurance to protect both myself, the AAOMS and any directors, officers, employees or agents of AAOMS in the event of any legal action brought against the AAOMS related to any a tort claim, copyright infringement claim or any other claim brought against the AAOMS related to my presentation.

I also fully understand that my signature on this application will indicate my understanding that AAOMS holds copyrights on all promotional materials and on the AAOMS website.

My signature will serve as my agreement to allow AAOMS to reproduce, duplicate or distribute any materials utilized, distributed or presented, including but not limited to, handouts, electronic presentations, oral commentary or materials in any other format or medium during my program.

Furthermore, my signature on this application will serve as my confirmation of my understanding of and agreement to disclose any conflict of interest or dual commitment.

In addition, I grant AAOMS permission to reproduce, duplicate or distribute materials utilized, distributed or presented during the program.

Signature of Primary Presenter

Date:

Signature of Secondary Presenter

Date:

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

Financial Relationships Disclosure Form

For Faculty, Authors, Committee/Board Members and Staff

Organizations accredited by the American Dental Association Continuing Education Recognition Program (ADA CERP) and Accreditation Council for Continuing Medical Education (ACCME) are required to identify and mitigate all potential conflicts of interest with any individual in a position to influence and/or control the content of CDE/CME activities. A conflict of interest will be considered to exist if: (1) the individual, individual's spouse/partner, or other immediate family member has a "relevant financial relationship," that is, has received financial benefits of any amount, within the past 24 months, from a "commercial interest/ineligible entity" (an entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on, patients), and (2) the individual is in a position to affect the content of CDE/CME regarding the products or services of the commercial interest/ineligible entity.

All individuals in a position to influence and/or control the content of AAOMS CDE/CME activities are required to disclose to AAOMS, and subsequently to learners: (1) any financial relationship(s) they have with a commercial interest/ineligible entity, or (2) if they do not have a financial relationship with a commercial interest/ineligible entity.

For all faculty participating in the educational activity, disclosure and mitigation must occur before presentations are made or enduring materials finalized. Faculty are required to complete and return disclosure forms no later than 60 days prior to the presentation of the educational activity.

Failure to provide disclosure information in a timely manner prior to the individual's involvement will result in the disqualification of the potential Faculty, Author, Committee/Board Member or Staff from participating in the CDE/CME activity.

Title of CDE/CME activity: _____

Name: _____ Date: _____

Please check one to indicate your role:

Faculty Author Committee Member (specify: _____) Board of Trustees
 Staff Other (specify: _____)

Phone Number: _____ Email: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 24 MONTHS OF DATE OF THIS FORM

Neither I, nor my spouse/partner, nor any other member of my immediate family, has a financial relationship or interest (currently or within the past 24 months) with any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on, patients.

OR

I have or my spouse/partner or other immediate family member has a financial relationship or interest (currently or within the past 24 months) with any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on, patients. The financial relationships are identified as follows (if needed, attach an additional list):

Financial Relationship(s) Related to Your Content (check all that apply)					
Commercial/Ineligible Interest(s) (any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on, patients)	Research Grant (including funding to an institution for contracted research)	Speakers' Bureau	Stock/Bonds (excluding Mutual Funds)	Consultant	Other (Identify)

I affirm that the foregoing information is complete and truthful, and I agree to notify AAOMS immediately if there are any changes or additions to my relevant financial relationships. During my participation in this activity, I will wholly support AAOMS's commitment to conducting CDE/CME activities with the highest integrity, scientific objectivity and without bias. I agree that I will not accept any honoraria, additional payments or reimbursements beyond what has been agreed upon to be paid directly by AAOMS in relation to this educational activity.

Signature: _____ Date: _____

List of Verbs for Formulating Educational Objectives

Those that communicate knowledge:

Information

Cite	Indicate	Recite	State
Count	List	Recognize	Tabulate
Define	Name	Record	Tell
Describe	Point	Relate	Trace
Draw	Quote	Repeat	Write
Identify	Read		

Comprehension

Associate	Describe	Explain	Locate
Classify	Differentiate	Express	Predict
Compare	Discuss	Extrapolate	Report
Compute	Distinguish	Interpolate	Restate
Contrast	Estimate	Interpret	Review

Application

Apply	Examine	Order	Review
Calculate	Illustrate	Practice	Schedule
Complete	Interpolate	Predict	Sketch
Demonstrate	Interpret	Relate	Solve
Dramatize	Locate	Report	Translate
Employ	Operate	Restate	Use
			Utilize

Analysis

Analyze	Debate	Distinguish	Inventory
Appraise	Detect	Experiment	Question
Contract	Diagram	Infer	Separate
Criticize	Differentiate	Inspect	Summarize

Synthesis

Arrange	Create	Integrate	Prescribe
Assemble	Design	Manage	Produce
Collect	Detect	Organize	Propose
Compose	Formulate	Plan	Specify
Construct	Generalize	Prepare	

Evaluation

Appraise	Estimate	Measure	Revise
Assess	Evaluate	Rank	Score
Choose	Grade	Rate	Select
Compose	Judge	Recommend	Test
Construct	Generalize	Prepare	

Those that impart skills:

Diagnose	Integrate	Measure	Percuss
Empathize	Internalize	Palpate	Project
Hold	Massage	Pass	Visualize

Those that convey attitudes:

Acquire	Exemplify	Realize	Reflect
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These verbs are better avoided, as they are open to many interpretations:

Appreciate	Have faith in	Learn	Understand
Believe	Know		