



Ohio Patient-Centered Primary Care Collaborative Primary care and behavioral health: Pulling the patient out of the silos 2018 Annual Conference: Call for Presentations

Thank you for completing a proposal to present for the 2018 OPCPCC Conference, which is being planned for Friday, September 14, 2018 in Columbus. Conference planners anticipate accepting 2 -3 presentation proposals. Preference will be given to organizations (e.g., primary care practices) who can highlight examples of experience with primary care and behavioral health integration. Please submit proposals by **June 1, 2018**.

Proposed Session

Please provide a session title and a session description or overview of 200 words or less. If selected, this description will be used for conference materials and marketing purposes and may be summarized or edited for space and clarity.

Session Title:

Session Description:

Learning Objectives

Please list three to five learning objectives for skills that attendees will take away from your proposed session. After this presentation, attendees will...

1.

2.

3.

4.

5.

Session Length

Please indicate the amount of time that you will need to cover your proposed topic, including a few minutes for questions. (Circle one)

60-minute session

45-minute session

30-minute session

Primary Contact Information

Name:

Title/Organization:

Phone:

Email:

Street Address:

City:

State:

ZIP Code:

Will the contact be speaking?

Yes

No

Audiovisual equipment requested

An LCD projector, projection screen, and laptop equipped with Microsoft PowerPoint will be provided. Please indicate any additional needs below, including internet connection, audio speakers to play video or audio clips, wireless clicker to advance slides, and any other needs.

Other:



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Speaker Information

For each speaker, please include or attach a brief speaker biography of 200 words or less. Please describe related education, experience and expertise for the proposed session. If selected, please note that biographies may be edited for length and clarity for use in conference materials and speaker introductions.

Speaker Information: Speaker 1

Name:

Title/Organization:

Phone:

Email:

Street Address:

City:

State:

ZIP Code:

Speaker biography:

Speaker Information: Speaker 2

Name:

Title/Organization:

Phone:

Email:

Street Address:

City:

State:

ZIP Code:

Speaker biography:



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Speaker Information: Speaker 3

Name:		
Title/Organization:		
Phone:		Email:
Street Address:		
City:	State:	ZIP Code:
Speaker biography:		

Please note that all speakers will be asked to provide a copy of their PowerPoint presentation, if applicable, no later than one week prior to the conference. PDF copies of presentations will be posted on the conference webpage.

Please complete the following Disclosure of Financial Relationships form (page 4) for each presenter, as the CME process requires that we disclose any relevant commercial interests.

Thank you for completing a proposal to present for the 2018 OPCPCC annual conference.

Please submit this form via email to Amy.Bashforth@odh.ohio.gov no later than **June 1, 2018**.



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Disclosure of Financial Relationships

- A.** Neither I, nor any member of my immediate family, have a significant financial interest in or affiliation with any commercial supporter of this educational activity and/or with the manufacturer(s) of commercial products and/or providers of any commercial services discussed in this educational presentation/material.
- B.** I, or an immediate family member, have a significant financial interest in or affiliation with a commercial supporter of this educational activity and/or with the manufacturer(s) of commercial products and/or providers of commercial services discussed in this educational presentation/material.
- C.** I am a full-time employee of the commercial enterprise listed below.

Please list commercial enterprise and nature of relationship with each, e.g., research grants, stock or bond holdings, speakers' bureau, employment, ownership or partnership, consulting fees, other remuneration (honoraria, travel expenses):

Corporate Organizations

Financial Interest/Affiliations

Disclosure of Unlabeled/Investigational Uses of Products

- D.** The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.
- E.** The content of my material(s)/presentation(s) in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated below:

If I have indicated a significant financial relationship, or if I will discuss unapproved or investigational uses of products or devices, I understand that I am responsible for disclosing this information to participants at the beginning of my presentation/material. I understand that failure to disclose or false disclosure may require the OPCPCC to identify a replacement for my participation.

Presenter
Signature: _____

Date: _____