

Guam Memorial Hospital Authority Education Department
 Continuing Education Program
 850 Gov. Carlos Camacho Road. Tamuning, Guam 96911
 Tel: (671) 647-2349 Fax: (671) 646-1114
 Email: reveksler@gmail.com, violeta.pamintuan@gmha.org

FACULTY DISCLOSURE STATEMENT

It is the policy of the Guam Memorial Hospital Authority (GMHA) to insure balance, independence, objectivity, and scientific rigor in all its individually sponsored educational activities. All faculty participating in any GMHA sponsored activities are expected to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing medical education program. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgements about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented. I understand that I am required to disclose when products are not labeled for use or are still investigational.

CE Activity:		
Presentation Title:		
Speaker:		
E-mail of Speaker or contact person:		
Date:	Time:	Place:

My spouse and I have no actual or potential conflict of interest or bias in relation to this program or presentation.

 Signature Date

I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Affiliation/Financial Interest	Name of Organization(s)	NONE
Grant/Research Support		
Consultant		
Speakers' Bureau		
Major Stock Shareholder		
Other Financial or Material Support		

 Signature Date

Your cooperation in complying with this standard is appreciated. Please return this form as soon as possible to the GMH Education Department. Thank you.

Guam Memorial Hospital Authority Education Department
 Continuing Education Program

NEEDS ASSESSMENT FORM FOR CE ACTIVITIES

CE Activity:		
Presentation Title:		
Speaker:		
Date:	Time:	Place:

Curriculum Vitae Enclosed: Already sent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Need Assessment: (Why is this offering needed? How was this need assessed? What/who was the source of referral?)
Objectives: (What is the expected outcome for the participants? At the completion of this lecture, participants should be able to:
Intended Audience:

Method of Presentation: (Please check the appropriate box (es):

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Panel | <input type="checkbox"/> Case Presentations |
| <input type="checkbox"/> Slides (powerpoint) | <input type="checkbox"/> Movies | <input type="checkbox"/> Other (Specify) |

Examples of verbs to use when writing objectives:

Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
Define	Explain	Apply	Analyze	Design	Critique
Describe	Give examples	Demonstrate	Classify	Diagnose	Establish
Identify	Summarize	Perform	Determine	Organize	Evaluate
Recall		Practice	Differentiate	Plan	Measure
Recognize		Present		Propose	Rate
Select		use		Relate	Recommend

Examples of verbs to avoid when writing objectives:

Understand	be familiar with	appreciate	experience	believe
Learn	be aware of	know	acknowledge	enjoy

Action taken by the GMHA CEU COMMITTEE

Approved for _____ hour(s)

Verified by: _____ Date _____

CE Coordinator