

(Title of Activity)
(Dates of Activity)

Date of talk

Time

“Title of Talk”

Speaker

Speaker Title

Where Speaker is from

Objective(s): (lecture specific)

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-

Location:

Description:

(Insert activity description)

Who Should Attend:

This activity is intended for (insert specialties)

Objectives: (Insert overall activity objectives)

At the end of this activity, the participants will demonstrate the ability to:

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Accreditation Statement:

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Johns Hopkins University School of Medicine and the National Institutes of Health (NIH). The Johns Hopkins University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement:

The Johns Hopkins University School of Medicine designates this educational activity for (insert number of credits) credit per session for a maximum of (insert credits) *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Policy on Speaker and Provider Disclosure:

It is the policy of the Johns Hopkins University School of Medicine and the NIH that the speaker and provider disclose real or apparent conflicts of interest relating to the topics of this educational activity, and also disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). The Johns Hopkins University School of Medicine OCME has established policies in place that will identify and resolve all conflicts of interest prior to this educational activity. Detailed disclosure will be made in the activity materials.