Speaker Course Submission Form

NOTE: A course may be cancelled one week before the course date if there are not enough attendees.

In order to have all necessary information regarding your presentation for the purpose of publication and advertisement we request the following information to be forwarded to:

(Please return completed form within three weeks of receipt)

Temple University Kornberg School of Dentistry
Office of Continuing Education
3223 N. Broad Street, Room 301
Philadelphia, PA 19140
Attn: Nicole Carreño

REMINDER: We must receive all receipts in a timely manner to fully compensate you for expenses.

Submit with this form via email to ncarreno@temple.edu:

- Current CV for our files.
- Biographical sketch for advertising and brochure (150 words or less)
- Course Description (150 words or less)
- Learning Goals (at least 3-5)
- Portrait photo for advertising and brochure (.jpg format)

Do you grant permission to Temple University Kornberg School of Dentistry to use your photo, bio and other course information provided on this form for distribution via the course flyer, advertisement flyer and on our Continuing Education website? Yes No
Course Title:

Course Date(s):

Speaker (name and title):

Address:

Phone/Fax:

Email:

Anticipated Honorarium: $

Lodging: Yes No

How would you like participants to contact you after the course with any questions or concerns?

Phone:

Email:

Are you a member of the ADA? Yes / No

Are you a member of a specialty organization? Yes / No

If yes, name of specialty org._________________________________________________________

Course Schedule:
A typical day’s schedule is as follows. If necessary, you may modify this schedule to accommodate your material.

8:30am  Registration (Continental Breakfast Provided)
9:00am  Lecture
10:15am  Break
10:30am  Lecture
12:00pm  Lunch(Provided)
1:00pm  Lecture
2:30pm  Break
2:45pm  Lecture
4:00pm  End of Program(Q&A)
Target Audience (Check all that apply)

☐ Dentist
☐ Dental Hygienist
☐ EFDAs
☐ Dental Assistant
☐ Administrative Office Staff
☐ Other (Please describe):

What type of course is this? (Check all that apply)

☐ Lecture  ☐ Hands-On  ☐ Other

What type of room(s) set up will be required? (Check all that apply)

☐ Lecture Style  ☐ Classroom style  ☐ Boardroom style  ☐ Other:

AUDIO VISUAL and OTHER SUPPLIES (Please list amount of all that apply)

SUPPLIES: If any supplies need to be shipped for the course please contact Nicole Carreno, CE Coordinator prior to shipping to make the necessary arrangements.

Slide Projector(s)___ Screen(s)___ TV/VCR___ Power Point___ Computer w/Projection___ Overhead Projector___ Laser Pointer___ Lapel Microphone___ Handheld Microphone___ Flip-Chart or White(dry erase) board___
Bringing my own laptop(circle PC or MAC): PC Compatible or Macintosh
(The speaker is responsible for MAC LCD extension adapter.)

Other (please specify, i.e., stool, table) ____________________________________________

Please indicate any equipment you may bring with you:
________________________________________________________________________________

Do you need a display table?

☐ NO
☐ YES: Indicate how many _____
Do you intend to provide attendees with a course outline, syllabus and/or handouts?

It is encouraged for speakers to provide a handout and/or power points to increase the educational value of the program.

☐ NO
☐ YES  (Please send the handouts in .ppt format no later than one month prior to the course.)

Do you need attendees to bring materials, instruments or equipment?

☐ NO
☐ YES (If yes, please list or attach supplies required) equipped

Are there additional equipment or materials you will supply?

☐ NO
☐ YES (If yes, please list or attach a listing of supplies being sent to our site.)

Do you require any other additional equipment or materials from the Office of Continuing Dental Education?

☐ NO
☐ YES (If yes, please list or attach a listing):
Based on new ADA CERP compliance criteria, please read and initial after each statement.

Speaker must ensure that continuing dental education activities promote improvements in oral healthcare and not a specific drug, device, service or technique of a commercial entity. ______ Initial

Speaker must disclose any financial interests with companies, products, technology, etc. And if none, disclose such to attendees. ______ Initial

Speaker must support clinical recommendations with references to scientific literature wherever possible and further disclose risks/benefits. ______ Initial

Speaker must attest that images used in CE activities have not been falsified to Mis-represent treatment outcomes. ______ Initial

Speaker will provide contact information (phone, fax, email) to participants for follow up with questions and/or concerns. ______ Initial

Hands-on participation courses must have a ratio of at least one instructor per fifteen participants. ______ Initial