

INSTRUCTOR'S COURSE SUBMISSION FORM

PART A



2025 Woodlane Drive
St. Paul, MN 55125-2998
(651) 731-2944 / (800) 284-3937
www.jcahpo.org

INSTRUCTOR NAME/CREDENTIALS: _____

EVENT NAME: _____ **DATE:** _____

Course Format: (Check only ONE of the following)

- Lecture Workshop, limited to _____ participants
 Webinars Online

Course Level: (Check only ONE of the following)

- Basic Intermediate Advanced Masters Level

Course Duration: _____

COURSE TITLE: _____

COURSE DESCRIPTION:

INSTRUCTIONAL OBJECTIVES: (IJCAHPO would like 2-3 instructional objectives)

Upon completion of this course, the participant should be able to:

1. _____
2. _____
3. _____

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- Please use my **Materials** (Handouts) for distribution to attendees for my following course: Online Classroom

I have read, understand, and agree to be bound by and comply with all the above statements.

Name (please print): _____

Signature by Mail or Fax

X Signature of Instructor _____ Date _____

Signature by email

- This serves as an official signature of authentication for all claims and information included in this form. By checking this box, I verify that the content within this document is valid and factual.

INSTRUCTOR'S COURSE SUBMISSION FORM

PART B



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INSTRUCTOR NAME/CREDENTIALS: _____

COURSE TITLE: _____

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IJCAHPO therefore requires that, as a speaker, you will:

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- Exercise particular care so that no detriment to IJCAHPO will result from your financial or commercial interest in another organization or product, or your employment or consulting work for another organization;
- Refrain from promoting your own personal bias during your presentation or in your presentation materials;
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- Refrain from making attendees feel unsafe or uncomfortable by using sexist or other discriminatory language or innuendo, or otherwise engaging in activities that could make attendees feel unsafe or uncomfortable.

OFF-LABEL OR INVESTIGATIONAL USE DISCLOSURE

Off-label or investigational use is any use other than that approved by the Food and Drug Administration.

Faculty will discuss off-label uses: Yes No

How will you inform learners of this off-label or investigational use?

FINANCIAL INTEREST DISCLOSURE

For the purpose of this **Financial Interest Disclosure**, "Designated Company" means an entity related directly or indirectly to the manufacture or distribution of lenses, pharmaceuticals, medical devices or instruments, or vision care products or services commonly utilized by ophthalmologists.

Check all boxes that apply and sign below.

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I have read, understand, and agree to be bound by and comply with all the above statements.

Signature by Mail or Fax

X Signature of Instructor _____ Date _____

Signature by email

This serves as an official signature of authentication for all claims and information included in this form. By checking this box, I verify that the content within this document is valid and factual.

Date: _____

**We look forward to your participation in this important IJCAHPO program.
Please contact IJCAHPO staff with any questions.**

Fax: 651-731-0410

SUBMIT

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