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COURSE TITLE: \_\_\_\_\_

PROGRAM TITLE/DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Email: \_\_\_\_\_

Present Position: \_\_\_\_\_

**PROFESSIONAL LICENSE OR CERTIFICATION(S)** (Check all that apply)

- MD     DO     OD     COA     COT     COMT     ROUB     CDOS     CCOA  
 RN     LPN/LVN     CRNO     CRA     CO     OC(C)     ABO     NCLE     Other: \_\_\_\_\_

**EDUCATION (POST HIGH SCHOOL):** (Include basic preparation through highest degree held.)

DEGREE	INSTITUTION (NAME, CITY, STATE)	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED
1.			
2.			
3.			

**CURRENT AREA(S) OF SPECIALIZATION OR CONCENTRATION** (Check all that apply)

- Administration     Education     Neuro-ophthalmology     Refractive     Surgery  
 Cataracts     General ophthalmology     Pediatrics/strabismus     Research     Other \_\_\_\_\_  
 Cornea     Glaucoma     Plastics     Retina

**BIOGRAPHY:** Briefly describe your professional experience, area(s) of expertise, and any certifications, including publications, which qualify you to teach this course.

(Do not send CV)

**CODE OF CONDUCT AND RESPONSIBILITY**

Speakers have an obligation to attendees to provide the highest level of relevant education/learning materials and not their own personal beliefs or philosophies. Speakers are encouraged to acknowledge the fact that the audience will be comprised of all races, ages, genders, disabilities, and political affiliations. Every attendee deserves a safe and comfortable learning environment free from any sexist or discriminatory innuendos or language.

**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 and instruments, vision care products, or services commonly utilized by ophthalmologists.

**Check all boxes that apply and sign below.**

- Yes     No    I, or a member of my family, my professional partnership or corporation, my employer, or co-instructor(s)/co-author(s), currently or within the preceding twelve (12) months have had a financial interest in Designated Company, a financial relationship, advisory capacity with any Designated Company, or entity related to my presentation, poster, or submitted manuscript.

Complete the following if applicable:

- Stock shareholder    Company Name: \_\_\_\_\_
- Consultant, advisor, or employee (compensated or non-compensated)/  
Participated as a member of an advisory panel    Company Name: \_\_\_\_\_
- Educational grant or research funds    Company Name: \_\_\_\_\_
- Received free/discounted products or services    Company Name: \_\_\_\_\_
- Received travel stipend or honorarium    Company Name: \_\_\_\_\_
- Corporate sponsor    Company Name: \_\_\_\_\_

**SIGNATURE OF INSTRUCTOR**

I have read, understand, and agree to comply with the above statement and to the best of my ability, agree to be bound by the "Speaker Code of Conduct and Responsibility." I verify that the content within this document is valid and factual.

Date: \_\_\_\_\_ Signature by Mail or Fax:  \_\_\_\_\_  
or

Date: \_\_\_\_\_ Signature by Email:  This serves as an official signature of authentication for all claims and information included in this form.