



# 2009 West Virginia Rural Health Conference October 21 - 23, 2009

## SPEAKER PACKET

Thank you for agreeing to speak at the 2009 West Virginia Rural Health Conference which is being held **October 21 - 23, 2009 at Glade Springs Resort, Daniels, West Virginia.** The theme of the conference is **“3R’s for WV Rural Health: Reinvesting, Recovery, and Resilience.”** Conference participants will include community leaders, primary care practitioners, hospital managers, hospital trustees, local health personnel, rural health providers, government leaders, and students.

As a conference speaker, we are asking you to **complete the enclosed forms (listed below) and submit to us by August 31, 2009. Forms can be scanned and e-mailed or faxed.**

**PLEASE NOTE: Your presentation must be submitted to [Linda.C.Price@wv.gov](mailto:Linda.C.Price@wv.gov) by September 30 in order to compile, copy, and provide to conference participants.**

### **#1. Speaker Agreement**

All speakers must complete and sign agreement.

### **#2. Biographical Data**

All speakers must complete biographical data and/or attach a bio.

### **#3. Equipment Needs**

Specify the equipment needed for your presentation. We must reserve equipment; therefore, it is essential that we are aware of your needs prior to the conference.

### **#4. Session Objectives (ONE FORM PER SESSION ONLY)**

Please describe the educational objectives of your presentation. This is a requirement of the continuing education process and must be submitted **PER SESSION, NOT SPEAKER. Multiple presenters should jointly submit one form.**

### **#5. CAMC Health Education and Research Institute Full Disclosure of Faculty Financing & HIPAA Compliance**

All speakers must complete this required form so that we may offer continuing education credits.

### **#6. Reimbursement Application (where applicable)**

To receive reimbursement for expenses, this form must be submitted **after** all conference expenses have been incurred and must reflect **actual** expenses. The deadline for submission is December 18, 2009.

Linda Price  
WVDHHR/Bureau for Public Health  
Commissioner's Office  
350 Capitol Street, Room 702  
Charleston, WV 25301-3712  
Phone: (304) 558-0580 - FAX: (304) 558-1035  
E-mail: [Linda.C.Price@wv.gov](mailto:Linda.C.Price@wv.gov)

# 2009 West Virginia Rural Health Conference

## October 21 - 23, 2009

### #1. Speaker Agreement

This agreement is between the West Virginia Rural Health Conference and \_\_\_\_\_ (speaker), and confirms that I will be a presenter at the WV Rural Health Conference to be held at Glade Springs Resort in Daniels, West Virginia on (Date) \_\_\_\_\_ (Time) from: \_\_\_\_\_ to: \_\_\_\_\_ and the session title is: \_\_\_\_\_. **I understand the last 15-20 minutes of the presentation should be set aside for dialogue with the audience.**

The following is an estimate of my anticipated expenses and I understand I will be reimbursed for actual expenses following the conference by submitting a Speaker Reimbursement Application.

#### **Estimate of anticipated expenses:**

##### **Out-of-State**

- 1) **Pre-Approved Speaker Fee:** \$ \_\_\_\_\_  
**\*SPEAKER FEES MUST BE PRE-APPROVED BY THE CONFERENCE DIRECTOR**
- 2) Airline expenses (**Coach Only**\*-receipts required): \$ \_\_\_\_\_  
From : (departing city) \_\_\_\_\_ To : (destination city) \_\_\_\_\_  
**\*Private plane expenses are not covered**
- 3) Ground Transportation (receipts required):  
\$ \_\_\_\_\_
- 4) Meal Allowance (*dates*): \_\_\_\_\_ Up to \$35.00 per day = \$ \_\_\_\_\_  
(ONLY meals not provided by Conference)
- 5) Miscellaneous Expense(s) (receipts required): \$ \_\_\_\_\_  
Type of Expense(s): \_\_\_\_\_
- 6) **One night's lodging is provided and conference registration fee is waived.**  
Please reserve a room for:  
 Tuesday, October 20                       Wednesday, October 21  
 Thursday, October 22                       NO LODGING

##### **In-State outside 50-mile radius of Glade Springs Resort**

- 1) One Time Mileage To & From Resort # of miles: \_\_\_\_\_ X \$0.44.5 per mile = \$ \_\_\_\_\_
- 2) Turnpike Tolls: \$ \_\_\_\_\_ (receipts required)
- 3) One night's lodging and one day's conference registration fee will be waived. The reduced registration fee for the full conference is \$100.00.  
  
Please reserve a room for:  
 Wednesday, October 21                       Thursday, October 22                       NO LODGING

*If I plan to stay more than one night, I will need to contact Glade Springs at (800) 634-5233 to reserve additional nights.*

**Speaker's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Conference Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**#3. Equipment Needs**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

Speaker: \_\_\_\_\_

	<b>Quantity</b>
<input type="checkbox"/> No Equipment Needed	_____
<input type="checkbox"/> Laptop Computer	_____
<input type="checkbox"/> LCD Projector	_____
<input type="checkbox"/> Microphone (handheld)	_____
<input type="checkbox"/> Microphone (lapel)	_____
<input type="checkbox"/> Internet Access	_____
<input type="checkbox"/> Flip Chart	_____
<input type="checkbox"/> Markers	_____
<input type="checkbox"/> Other (specify) _____	

**Note:** Please let us know no later than **August 31, 2009** if you have equipment needs. We cannot ensure that we will be able to supply the needed equipment if not given the proper notice.

**2009 West Virginia Rural Health Conference  
October 21 - 23, 2009**

**#4. Session Objectives – Complete One Form PER SESSION**

**(Please provide information below for each session. Multiple presenters should jointly submit one form)**

Teaching Method (check one):

- Lecture                      Panel Discussion                      Workshop  
Other (please state) \_\_\_\_\_

Presenter(s): \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

OBJECTIVES	CONTENT OUTLINE	TIME FRAME

## #5.

### CAMC Health Education and Research Institute Full Disclosure of Faculty Financing & HIPAA Compliance

#### Significant Interests and Un-Labeled Use of Products

It is the policy of the CAMC Health Education and Research Institute (CAMC Institute) that any faculty (speaker) who presents at a continuing education activity designated for AMA Physician's Recognition Award (PRA) Category 1 or 2 credit must disclose any financial interest or other relationship (i.e. grants, research support, consultant, honoraria) that person has with the manufacturer(s) of any commercial product(s) that may be discussed in the educational presentation. Guidelines also require that these relationships be disclosed to participants prior to educational activities verbally or in brief statements in conference materials such as brochures, syllabi, exhibits, and poster sessions. In addition, when an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose is discussed during an educational activity, the presenter is required to disclose that the product is not labeled for the use under discussion or that the product is still investigational. All certified continuing education activities must conform to these policies.

#### HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) states that patient records and photos used in teaching must be stripped of all "direct identifiers" such as name, address, social security number, patient ID number, identifiable photographic images, etc., or that you have written authorization from the patient to use his/her directly identifiable health information in this way. The CAMC Institute requires that you, as faculty, verify by way of your signature that your presentation materials (handouts, slides, PowerPoint presentations, video, journal articles, etc.) meet these HIPAA standards.

**Please complete the Declarations below for the upcoming conference at which you will be presenting.**

Disclosure of Significant Interests and Un-Labeled Use of Products and HIPAA Compliance

Name of Program: \_\_\_\_\_

Presenter (please print): \_\_\_\_\_ Presentation Date: \_\_\_\_\_

\_\_\_\_\_ My presentation *does not include discussion* of any commercial product(s) or service(s).

\_\_\_\_\_ My presentation *includes discussion* of a commercial product/service of which *I do not have* any significant financial interest or other relationship with the company who makes/provides this product/service.

Please explain: \_\_\_\_\_

\_\_\_\_\_

**CAMC Institute**  
**Faculty Disclosure**  
**Page Two**

\_\_\_\_\_ My presentation *includes discussion* of a commercial product/service of which *I have* a significant financial interest or other relationship with the company who makes/provides this product/service.

Please explain: \_\_\_\_\_

\_\_\_\_\_ I intend to discuss an un-labeled use of the following product(s) during the presentation.

**Product(s)**

**Un-labeled Use(s)**

_____	_____
_____	_____
_____	_____

\_\_\_\_\_ I have the following financial interests or relationships:

**Affiliation/Financial Interest**

**Name of Corporate Organization(s)(Please Print)**

___ Grant/Research Support	_____
___ Consultant	_____
___ Speakers' Bureau	_____
___ Major Stock Shareholder	_____
___ Other Financial Support	_____
___ Other	_____
___ No relationship	_____

\_\_\_\_\_ I verify that I am in compliance with the HIPAA standards to protect the privacy of the patients discussed in my presentation(s). I have either received written authorization from the patient, removed any identifiable images or patient records from my presentation, or my presentation does not pertain to patient treatment.

\_\_\_\_\_  
Signature

Please scan and e-mail or fax completed forms to:

Linda Price  
WVDHHR/Bureau for Public Health  
Commissioner's Office  
350 Capitol Street, Room 702  
Charleston, WV 25301-3712  
Phone: (304) 558-0580 Fax: (304) 558-1035  
E-mail: [Linda.C.Price@wv.gov](mailto:Linda.C.Price@wv.gov)

**#6. 2009 West Virginia Rural Health Conference  
Reimbursement Application – \*\*TO BE SUBMITTED AFTER THE  
CONFERENCE**

**FOLLOWING THE CONFERENCE**, please complete this form based on the Speaker Agreement estimates and return to:

Linda Price  
WVDHHR/Bureau for Public Health  
350 Capitol Street, Room 702  
Charleston, WV 25301-3712

(Check and complete only one)

Outof-State

<b>Pre-Approved Speaker Fee:</b>	\$ _____
<b>Airline Expenses (Coach Only*-receipts required):</b> From (city) _____ To (city) _____	\$ _____
<b>*Private plane expenses are not covered.</b>	
<b>Ground Transportation (receipts required):</b>	\$ _____
<b>Mileage:</b> _____ # of miles: _____ x \$0.44.5/mile	\$ _____
<b>Meals not provided by Conference: (up to \$35.00/Day)</b> For dates: _____	\$ _____
<b>Miscellaneous (receipts required):</b> Please specify: _____	\$ _____
<b>Total Reimbursement Due:</b>	\$ _____

In state, Non-Local (outside 50 mile radius from Glade Springs Resort)

<b>One Time Mileage:</b> (to and from resort)	# of miles: _____ x \$0.44.5/mile	\$ _____
<b>Turnpike Tolls: (receipts required)</b>		\$ _____
<b>Total Reimbursement Due:</b>		\$ _____

**Make check payable to:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

<b>Social security number:</b> (needed for IRS Form 1099): _____ <b>OR FEIN,</b> if applicable: _____
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***To receive reimbursement for speaker expenses, this Reimbursement Application must be submitted to the address indicated above no later than December 18, 2009.***