FACULTY FORMS PREVIEW

This document shows a sample of the forms, or tasks, that can be assigned to faculty to collect information. The Disclosure of Financial Relationships form is required of all activities with clinical content. The Speaker Agreement Form is required for all live activities (except RSS).

Use the links below to preview forms of interest, or view screenshots of forms, starting on page 3:

1. Disclosure of Financial Relationships (#42 **Required**)
    a. No preview
    b. To collect disclosure information as required by the Standards for Integrity and Independence in Accredited Continuing Education

2. Speaker Agreement Form (#18 **Required for Live Activities**)
    a. Does not need to be used for RSS or Enduring Material activity types
    b. To consent to posting a PDF of presentation on the Web
    c. To consent to recording the presentation
    d. To attest to the use of Protected Health Information (PHI)
    e. To agree to specific terms for participating in UCSF CE Activities:
        i. Include a disclosure slide
        ii. Cite references to clinical evidence
        iii. Agreement to submit materials for peer review if required
        iv. Upholding balance and independence standards for CE
        v. Protecting PHI per HIPAA
        vi. Acknowledging the use of copyrighted material
        vii. Acknowledge that UCSF CME does not allow learners to record presentations or distribute presenter materials

3. Agenda Review and Confirmation (#19 **Recommended for Courses**)
    a. To confirm presentation titles in the current agenda/program

4. Audio-Visual Requirements (#14 Optional)
    a. To request any special audio-visual needs for the presentation.

5. Hotel Housing Form (#17 Optional)
    a. Do not use with **Traveler Profile form**
    b. To request overnight accommodations requests, including arrival and departure dates.
    c. Includes UCSF Travel Guidelines for reference

6. Traveler Profile Form (#20 Optional)
    a. Do not use with **Hotel Housing Form**
    b. To request FLIGHTS and ACCOMMODATIONS (e.g., if booking through Connexxus on behalf of guest faculty)
    c. Also reviews UCSF travel policies and guidelines

7. Upload Faculty Bio (#22 Optional)
    a. To request a biography from faculty either in a document or via URL

8. Upload Faculty Photo (#23 Optional)
    a. To collect a photo to include in faculty profiles
    b. Note faculty can also be requested to add a photo to their CloudCME profile to avoid having to add it for them
    c. Photos in a CloudCME profile show automatically on the Course Landing pages.

9. Upload Curriculum Vitae (#21 As Needed)
    a. To collect a CV from a faculty member
    b. Only required for specific credit types

10. Honorarium Form (#67 As Needed)
    a. To collect W-9's in order to process honoraria or other payments to guest (non-UC) faculty
    b. Do not use a Default Form; assign only to non-UC faculty

11. International Traveler Form (#66 As Needed)
    a. Faculty from outside the U.S. must also complete specific forms to participate in teaching activities sponsored by UCSF per State and Federal laws
    b. Do not use as a Default Form; assign only to foreign travelers

Recording Release Forms (Assign ONE as Default Form when Needed)

Recording Release Forms are to be used when a course or session is being recorded for repurposing into an asynchronous, on-demand activity (enduring material). Do not use for archival or reference recordings.

12. Recording Release Form (#68)
    a. Used when **UCTV** will be recording a conference or other live activity
13. Video Recording Release Form (#68)

a. Used when **UCSF** will be recording a conference or other live activity, via Zoom, MediaSite or ETS

14. Speaker Permission / Videotape Release Form (#117)
    a. Used when **CMEinfo** (Oakstone Publishing) will be recording a conference or other live activity for dissemination

Audio-Visual Requirements

Standard audio-visual (A/V) equipment includes a PC laptop with PowerPoint, LCD projector, screen, microphone, laser pointer, and handheld slide advancing device. An A/V Technician operates all A/V with all presentations preloaded onto the equipment to avoid interruptions in the program. Special equipment may be available in advance on request. Please indicate below any additional audio-visual needs you may require.

Your conference manager will advise if this course features AV arrangements different than noted above.

Additional A/V Needs: *

- [ ] None
- [ ] Presentation created on Mac
- [ ] Presentation created in Keynote
- [ ] Embedded videos in presentation
- [ ] Embedded videos with audio in presentation
- [ ] Other (describe below)

You can't leave this empty: Additional A/V Needs:

If Other, please describe:

Submitted By *

You can't leave this empty: Submitted By

Please review your responses above to make sure all required fields (* indicates required) are completed before continuing.

Submit

Hotel Housing Form

Hotel Information Here (click here to edit)

Salutation: Mr.

First Name *

You can't leave this empty: First Name

MI

Last Name *

You can't leave this empty: Last Name

Suffix

Degree: PhD

Other Degree

Email Address *

You can't leave this empty: Email Address

Admin Name

Admin Phone

Admin Email

Accommodations

- (•) I require hotel accommodations.
- ( ) I do NOT require hotel accommodations.

Hotel Accommodations

Arrival Date *

Departure Date *

Please check room types:

- [ ] Non-smoking room required
- [ ] ADA-approved accessible room

Hotel Rewards Program Number

Special Requests:

I will be staying more than the approved policy amount for this course and will pay all additional associated costs out of pocket.

- (•) Yes
- ( ) No

Unless you live or work within 40 miles of the **conference location**, we will reserve a room for you. UCSF policy will cover the nights checking in within 24 hours of your speaking engagement and checking out on the day your speaking engagement concludes. Please advise below if there are scheduling difficulties. Under UCSF Travel Guidelines, any additional nights or room upgrades will need to be paid by your own expense.

If you are undecided on dates, please indicate the longest length of stay you are anticipating. Changes can be made up to seven (7) days prior to arrival. You will receive housekeeping notes with a confirmation number approximately two (2) weeks before the course.

Note: All rooms are king bed unless otherwise requested.

FACULTY TRAVEL POLICY:

Please refer to the UCSF travel policies to ensure approval of your travel reimbursement request.

FACULTY REIMBURSEMENT:

Faculty reimbursement requests must be submitted no later than 2 weeks after the date of the course. Submit reimbursement requests to your conference manager by email along with digital copies of travel receipts. Your conference manager will provide you with a designated UCSF travel reimbursement form.

Please review your responses above to make sure all required fields (* indicates required) are completed before continuing.

Submit

Speaker Agreement Form

Do you have any objections to UCSF CME providing a PDF version of your final presentation for course attendees? *

- ○ Yes, please describe below
- ○ No

Please describe any objections to UCSF CME providing a PDF version of your final presentation for course attendees:

Do you have any objections to the recording of your presentation or panel discussion? *

- ○ Yes, please describe below
- ○ No

Please describe any objections to recording your presentation or panel discussion:

PROTECTED HEALTH INFORMATION (PHI):

It is the legal and ethical responsibility of all individuals to protect patient health information ("PHI") in accordance with the law and University of California policy, and to preserve and protect the privacy rights of the subject of the information. PHI, as defined in the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), is maintained to serve the patient, health care providers, and health care research and must conform to regulatory requirements.

Information created or received by a health care provider or health plan that includes health information or health care payment information plus information that personally identifies the individual patient or plan member is also considered PHI.

Personal identifiers include a patient's name and email, website and home addresses; identifying numbers (including Social Security, medical records, insurance numbers, biomedical devices, vehicle identifiers, and license numbers); photos and other biometric identifiers; and dates (such as birth date, dates of admission and discharge, death).

- ○ I certify that my post-course slides submission and presentation WILL NOT include PHI, patient likenesses, and identifiers.
- ○ I certify that my presentation WILL include PHI and that I will have collected the appropriate patient consent, which I will make available for audit if necessary.

OCME SPEAKER AGREEMENT AND EXPECTATIONS: *

- ☐ I will include a slide at the beginning of my presentation (after the title slide) that discloses to learners the financial relationship submitted on my disclosure form or that no financial relationships exist.
- ☐ I will present the source type or level of evidence needed if I make a recommendation involving clinical medicine.
- ☐ I will submit my presentation materials for review and inclusion in the syllabus before the OCME-designated deadline. (The OCME staff understands that last-minute changes to your presentation may be needed. However, since the content must be reviewed, it is strongly discouraged to do so right before your presentation.)
- ☐ I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development, or presentation of this continuing education (CE) course.
- ☐ I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act (HIPAA) of 1996. I will not include any identifiable patient images in the submitted syllabus materials.
- ☐ Copyright acknowledgment: I certify that I have the right to use all materials I submit for presentation or reproduction. Thus, all materials must be one of the following: (1) original, (2) copyrighted by my organization, (3) freely available in the public domain, (4) applicable to Academic Fair Use.
- ☐ All educational materials are the intellectual property of the presenters. Attendees are not permitted to share content, images, resources, videos, PDFs, PowerPoint presentations, or handouts in electronic (including social media) or hard copy format.

▾ Presentation Release

I hereby warrant that I have read the above authorization, release and agreement, prior to its execution and I am fully familiar with the contents thereof and have the authority to sign it and have obtained all required authorizations. Please note: You are NOT required to release your presentation for publication or distribution, but it is highly encouraged that you release your presentation in order to help learners review and reinforce their learning experience. *

- ○ Agree
- ○ Disagree

Name *

Date *

You can't leave this empty: Name

Submit

AGENDA REVIEW AND CONFIRMATION

Please review the program and confirm your presentation title(s). Please select one of the following:

- ○ I am a moderator or panelist (and therefore, I do not have a presentation title.)
- ○ The presentation title(s) is/are satisfactory as currently listed.
- ◉ I would like to adjust my presentation title(s)

	Date:	Time:	New Presentation Title:
⊕ ⊖			
⊕ ⊖			
⊕ ⊖			

Submitted By

Tymothi Peters

Date *

Please review your responses above to make sure all required fields (* indicates required) are completed before continuing.

Submit

Planner and Traveler Profile

Traveler Information

Please check all that apply *

☐ Faculty ☐ Planner

Salutation: Mr.

First Name *

You can't leave this empty: First Name

MI

Last Name *

You can't leave this empty: Last Name

Suffix

Preferred Pronouns

Degree: PhD

Other Degree

Organization: University of California, San Francisco

Address 1: UCSF Office of CME

Address 2: 490 Illinois Street, Floor 7

Address 3

City: San Francisco

State: CA

Postal Code: 94143

Country: UNITED STATES

Phone

Ext

Mobile *

You can't leave this empty: Mobile

Fax

Preferred Email Address *

You can't leave this empty: Preferred Email Address

Administrator Information

Admin Name

Admin Phone

Admin Email

Airline Information

Preferred Airline – Please Specify 1st and 2nd choices below.

Preferred Airline #1 *

Preferred Airline #2

Seating Preference - Specify Aisle, Window

Special Needs - Please indicate needed requirements

Continued on next page.

Flight and Accommodations Request

Unless you live or work within 40 miles of the **conference location**, we will reserve a room for you. UCSF policy will cover the nights checking in within 24 hours of your speaking engagement and checking out within 24 hours of your speaking engagement. Please advise below if there are scheduling difficulties. Under UCSF Travel Guidelines, any additional nights or room upgrades will need to be arranged at your own expense.

If you are undecided on dates, please indicate the longest length of stay you are anticipating. Changes can be made up to seven (7) days prior to arrival. You will receive housekeeping notes with a confirmation number approximately two (2) weeks before the course.

Details about the hotel, flights or travel for the event.

Point of Departure (Airport/City) *

Initial Departure Date and Requested Departure Time *

Return (Airport/City) *

Return Departure Date and Requested Departure Time *

Hotel Check-in Date *

Hotel Check-out Date *

Other Preferences

Additional Comments

Note: All rooms are king bed unless otherwise requested.

Please refer to the travel guidelines provided by your conference manager for instructions on booking your airfare and being reimbursed by UCSF. If you need us to book your travel for you, please provide additional information related to your travel (i.e., airline membership number, Passport/Visa info, Date of Birth, TSA#, etc.) to your conference manager.

FACULTY TRAVEL POLICY:
Please refer to the UCSF travel policies to ensure approval of your travel reimbursement request.

FACULTY REIMBURSEMENT:
Faculty reimbursement requests must be submitted no later than 2 weeks after the date of the course. Submit reimbursement requests to your conference manager by email along with digital copies of travel receipts. Your conference manager will provide you with a designated UCSF travel reimbursement form.

Submit

Upload Curriculum Vitae

To upload your curriculum vitae, click the "Add File" button below and select the file to upload.

File formats accepted are limited to MS Word or PDF and cannot exceed the file size limit of 1.2mb in size.

Please wait until the file uploads completely, this may take a few minutes depending on the file size. Once the file has uploaded completely, click the "Submit" button below to save the upload to the system.

Note: If you are having trouble uploading your file, please make sure that the filename does not contain any special characters like apostrophes, commas, quotation marks, etc.

Upload Curriculum Vitae

Add Files

Submitted By *

Date *

You can't leave this empty: Submitted By

Submit

Upload Faculty Bio

You can upload a faculty bio or submit a link to your existing bio using this form.

Select the option you prefer below: *

- ○ Upload Bio (Word or PDF)
- ○ Provide URL to Existing Bio

Submitted By *

You can't leave this empty: Submitted By

Date *

Submit

print

Upload Faculty Photo

To upload a faculty photo, click the "Add Files" button below and select a PNG or JPEG file from your local computer then click "Submit". ***The photo must be less than 250k in size.*** For best results, ***crop your photo to a square format*** before uploading and ***do not include special characters in your file name*** (i.e., commas, apostrophes, ampersands, spaces, percent signs, quotation marks, exclamation points, more than one period, long dash, carrot, dollar sign, asterisks, parentheses, etc.).

Select Faculty Photo

Add Files

Submit Cancel

print

International Traveler Form

Are you a Speaker from outside the United States? *

- ○ Yes, I am based outside of the United States
- ○ No, I am based in the United States

ATTENTION INTERNATIONAL TRAVELERS:

To process payments (honoraria or travel reimbursements) to non-USA residents, we will need the following documents:

- Certificate of Academic Activity (CoAA) - please email this to your conference manager with the subject line "Secure: Speaker Forms"
- W8-BEN form – please email this form to vendors@ucsf.edu with the subject line "Secure: Speaker Forms"
- Wire Transfer Form – please email this form to vendors@ucsf.edu

If the course has designated an honorarium and you do not currently have a US Taxpayer Identification Number, taxes will be withheld from your honorarium payment if you do not also submit both to your conference manager:

- Application for IRS Individual Taxpayer Identification Number (W-7)
- IRS 8233 form (non-resident alien visitor/Doc-D) - Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual

Submit Cancel

print

Honorarium Form

Some CE conferences can offer an honorarium to speakers. UCSF is only able to pay honorarium to individuals directly and not to institutions. If you wish to accept an honorarium for this course, please complete the attached W9 form so that we can process your payment after the conference.

W9 Form

Submit Cancel

Recording Release Form

This conference will be recorded and the content is disseminated to the public via UCTV afterwards. This allows our important education to reach a much wider audience. Speakers have the option to allow their presentations to be recorded for this purpose, or to opt out. If your presentations will include patient images or videos that you'd like to have blurred for the purposes of protecting patient privacy we can do that. The following form is to be completed if you agree to allow your presentation to be recorded for UCTV. *

- ○ Yes, you may record my presentation for UCTV
- ○ Yes, you may record my presentation but I will require patient images to be edited so that they cannot be identified.
- ○ No, I do not consent to allow my presentation to be recorded for UCTV

I am a presenter/speaker for the above event. I understand the event will be videotaped and recorded for the purpose of being used and distributed in various formats by the University of California for educational purposes, including, but not limited to the classroom, television (including UCSD-TV, UCTV, broadcast, cable, and satellite), the Internet and any other communications medium currently existing or later created.

I give my permission and authorize the University of California, to videotape, audiotape, photograph, record, edit, sell or otherwise reproduce my presentation, and to use it in the formats and for the purposes stated above. The University of California retains the right not to use the footage for other than archival purposes.

I agree to indemnify and hold harmless the University of California, their employees and representatives against any and all claims arising out of my presentation, including, but not limited to, claims of copyright infringement, defamation, and misrepresentation. I declare I have read the above, fully understand its meaning and effect, and agree to be bound by it.

Name *

Date *

You can't leave this empty: Name

Submit

Video Recording Release Form

In consideration of my participation in a conference entitled: , on September 25, 2025 5:00:00 PM

I, the undersigned, hereby grant and release to UCSF Office of CME, its successors, assigns, licensees, affiliates, employees and agents (collectively, "UCSF-OCME") the right to record and/or transcribe my entire presentation, including my likeness, voice, and verbal statements, on DVD, MP4, on-line streaming and downloadable MP3 or MP4 files, to edit these at the discretion of UCSF-OCME, to incorporate them into continuing medical education video programs and course materials and to market and sell these programs.

I authorize UCSF-OCME to reproduce, distribute, exhibit, and otherwise use or authorize the use of such program and materials or any portion thereof by any means including by broadcast over television, radio, cable, or any other electronic media, including online distribution, or in any other media now known or later developed. I retain all copyright and other rights to the material produced/provided by me and may use this material as required in my own educational endeavors without notification to UCSF-OCME.

I further grant to UCSF-OCME the right to use my name, likeness, voice, brief sample clips of my lecture(s), and biographical and other information concerning me for the advertising and promotion of the continuing education program, but not in any testimonial or endorsement manner.

Further, I hereby grant UCSF-OCME the right to reproduce any materials produced or submitted by me for the conference for incorporation into a course handbook.

To the best of my knowledge any written material, slides or other data used in my presentation which is the subject of any property, intellectual property or other rights of any third party has been disclosed to UCSF-OCME. Where such material is used in my presentation I will provide UCSF-OCME with the necessary bibliographic information by the date listed below for all such material.

Name *

Date *

You can't leave this empty: Name

Email Address: *

You can't leave this empty: Email Address:

Copyright Disclosure: You must select one of the four options below: *

- ○ I have no copyrighted material in my presentation(s).
- ○ Any outside source(s) are referenced on the corresponding slide(s).
- ○ Some slides appearing in my presentation are not my original materials and are borrowed from other sources. I will complete the bibliographic source information below.
- ○ I have copyrighted material but I cannot remember/find the sources.

Submit

Speaker Permission / Videotape Release Form

In consideration of my participation in a conference entitled: , on September 25, 2025 5:00:00 PM

I, the undersigned, hereby grant and release to CMEinfo, its successors, assigns, licensees, affiliates, employees, and agents (collectively, "CME") the right to record and/or transcribe my entire presentation, including my likeness, voice, and verbal statements, on DVD / MP4 / Audio CD / MP3 / Internet delivery, to edit such formats and files at CME's discretion, to incorporate the same into video programs and course materials, and to market and sell the same.

I authorize CME to reproduce, distribute, exhibit, and otherwise use or authorize the use of such program and materials or any portion thereof by any means, including by broadcast over television, radio, cable, or any other electronic media, or in any other media now known or later developed. I retain all copyright and other rights to the material produced/provided by me and may use this material as required in my own educational endeavors without notification to CME. I will receive a complimentary copy of the recording of my presentation(s) provided I list my address below. I understand and agree that this is the entire consideration and compensation due me for the use, reproduction, or distribution of such Video/Audio Program by CME.

I further grant to CME the right to use my name, likeness, voice, brief sample clips of my lecture(s), and biographical and other information concerning me solely in connection therewith, including for the advertising and promotion of the program, but not in any testimonial or endorsement manner.

Further, I hereby grant CME the right to reproduce any materials produced or submitted by me for the conference for incorporation into a course handbook for the conference and/or to accompany the recording or program.

To the best of my knowledge, any written material, slides, or other data used in my presentation which is the subject of any property, intellectual property, or other rights of any third party has been disclosed to CME. Where such material is used in my presentation, I will provide CME with the necessary bibliographic information by the date listed below for all such material.

Name *

Date *

You can't leave this empty: Name

Email Address: *

You can't leave this empty: Email Address:

Copyright Disclosure: Please let us know if you are using copyrighted materials in your presentation by selecting an option below: *

- ○ Any outside source(s) are referenced on the corresponding slide(s).
- ○ Some slides appearing in my presentation are not my original materials and are borrowed from other sources. I will complete the bibliographic source information below.

Submit