ATPPS Monthly Lecture Series Abstract Proposal

Speaker Information

Primary Speaker Name:
Credentials:
Title/Position:
Organization:
Email Address:

Co-Presenter(s) (if applicable):

Presentation Information

Presentation Title:

Presentation Type:

☐ Clinical Education
☐ Case Study
☐ Research Update
☐ Leadership & Administration
☐ Professional Development
☐ Residency/Fellowship Education
☐ Other: _____

Proposed Session Length:

☐ 20–30 Minutes
☐ 45 Minutes
☐ 60 Minutes
☐ Other: _____

Presentation Abstract *(250–500 words)*

Provide a brief description of the presentation content.

Learning Objectives

At the conclusion of this session, participants will be able to:

1. _____
2. _____
3. _____

BCS-O Domain(s) Addressed

Check all that apply.

☐ Domain I – Medical Knowledge

☐ Domain II – Procedural Knowledge

☐ Domain III – Professional Practice

Conflict of Interest Disclosure

☐ No relevant financial disclosures

☐ Relevant financial disclosures (please describe):

Recording Requirements

☐ I understand that ATPPS year-round education sessions are typically pre-recorded.

☐ I agree to provide a recorded presentation and presentation slides by the designated deadline.

☐ I grant ATPPS permission to distribute the recording and associated educational materials to ATPPS members.

Additional Information

Has this content been presented previously? ☐ Yes ☐ No

Additional comments or special considerations:

Submit completed proposals to: education@atpps.org