

SPEAKER CHECKLIST

WORLD CONGRESS ULTRASOUND IN MEDICAL EDUCATION

Speaker Name: _____

Session Title: _____

Format (Panel, Individual, Group, Workshop): _____

Learning Objectives: *(At least two)*

1. _____
2. _____
3. _____

Attachments Needed: Email to wcume2016@ttuhsc.edu

Forms can be found here: <http://www.wcume.org/forms/>

1. C/V
2. Bio *(150 word limit)*
3. Headshot
4. [Disclosure FY16](#)
5. [Content Validation Acknowledgment](#)
6. [CNE Speaker Information](#)
7. [Conflict of Interest Disclosure Form \(Interprofessional Dep.\)](#)
8. PowerPoint Presentation
9. From your perspective, do you consider this topic having applicability for?
 - a. Physical Therapy – *Professionals* _____ (yes/no/unknown)
 - b. Occupational Therapy – *Professionals* _____ (yes/no/unknown)

Session Date/Time: *(To be filled in by Conference Staff)* _____