

Institute for Healthcare Communication Participant Application for IHC Professional Development Course

NAME OF PROGRAM _____

PROGRAM LOCATION _____

DATE OF PROGRAM _____ TUITION FEE _____

*Payable in full upon acceptance of application**

APPLICANT CONTACT INFORMATION (PART 1 OF 5)

LAST NAME _____ FIRST NAME _____

NAME PREFERRED ON NAME TAG _____

DEGREE(S) _____

If nursing degree(s), please check all that apply: Associate's Diploma Bachelor's Master's Doctorate

POSITION TITLE _____

ORGANIZATION _____

ADDRESS _____

TELEPHONE _____ EXTENSION _____

FAX _____

E-MAIL _____

If it is more convenient for you to use your home address and telephone number, please supply that information below:

ADDRESS _____

TELEPHONE _____ EXTENSION _____

FAX _____

E-MAIL _____

Where did you hear about this course? (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> IHC website | <input type="checkbox"/> Internet search | <input type="checkbox"/> Colleague/word of mouth |
| <input type="checkbox"/> I attended an IHC workshop | <input type="checkbox"/> I attended an IHC webinar | <input type="checkbox"/> IHC post-workshop survey |
| <input type="checkbox"/> Trained as an IHC faculty member | <input type="checkbox"/> Media/news | <input type="checkbox"/> Referred by my organization |
| <input type="checkbox"/> Other: _____ | | |

SUBMIT APPLICATION TO:

**Teresa Durbin | E-mail: tdurbin@healthcarecomm.org | Institute for Healthcare Communication
171 Orange Street, 2R | New Haven, CT 06510-3153 | Tel: (217) 621-6867 | Fax: (800) 538-6021**

** Trainer certification costs are not included in tuition fee. Please see Sponsoring Organization Training Agreement for details. Only certified trainers may use IHC's copyrighted curricula. Cancellation policy: 90% refund 30 days or more before the beginning of the program, 80% refund within 30 days of the program's start date.*

APPLICANT PROFILE (PART 2 OF 5)

Faculty Applicant Name: _____

Please respond briefly to each of the following statements. IHC will review your responses and look for completeness and thoughtfulness. Thank you, and we look forward to knowing you better and working with you!

1. Please describe your position within your organization and how participating in IHC's course will enhance your position and your organization.

2. Please describe your plans within your home organization or healthcare community to apply your IHC training and utilize IHC copyrighted materials upon your return from the course.

3. If you have experience teaching, facilitating, making presentations related to communication skills, and/or mentoring/coaching with healthcare professionals, please describe:

APPLICANT DISCLOSURE STATEMENT TO IHC (PART 3 OF 5)

Faculty Applicant Name: _____

As an accredited sponsor of continuing education activities, including continuing medical education activities (CME), it is the policy of the Institute for Healthcare Communication (IHC) to ensure the balance, independence, objectivity, and scientific rigor in all of its sponsored educational programs. All faculty participating in any activity designated for CME credits must disclose to the audience relevant financial relationships that present any real or apparent conflict(s) of interest that may have a direct bearing on the subject of the CME activity. In addition, you will need to provide this information to the participants in the audience when presenting IHC workshops. Please respond to the following questions.

1. In the past 12 months, have you (or your spouse or partner) had a **relevant financial relationship(s)*** with a commercial organization which includes any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients? (Government organizations and non-profits are NOT commercial organizations, so we are not interested in those relationships.)

** Relevant financial relationships are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity, and which relate to the content of the educational activity, causing a conflict of interest. The ACCME considers financial relationships to create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME—an incentive to insert commercial bias. The ACCME has not set a minimum dollar amount for relationships to be considered relevant and does not use the term significant to describe financial relationships. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.*

Yes No

If Yes, move to #2. If No, you're done!

2. You have indicated that you (or your spouse or partner) have a **relevant financial relationship(s)** with a commercial organization which includes any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. Does the educational content—over which you have control—involve the products or services of the commercial organization?

Yes No

If Yes, move to #3. If No, you're done!

3. You have indicated that you will have the opportunity to affect the content of CE/CME **which relates to the products or services of the commercial interest.** Please enter the name of the commercial interest and the nature of the relationship(s).

Commercial Interest	Nature of the Relationship

Thank you for taking the time to complete and sign this form.

(Signature of Faculty Applicant)

(Date)

APPLICANT CV/RESUME (PART 4 OF 5)

Faculty Applicant Name: _____

Please attach a curriculum vita or resume (summarizing your educational background, professional experience, and accomplishments such as publications, awards, professional societies, etc.). You may also enter the CV text in the box below.

INDIVIDUAL FACULTY LETTER OF AGREEMENT (PART 5 OF 5)**The Institute for Healthcare Communication (the "Institute", "IHC")****and****(the "Faculty")**_____
Name of Faculty**(the "Organization")**_____
Name of Sponsoring Organization**Course** _____**Date** _____**Location** _____**Jointly referred to as the "Parties"****Preamble**

As part of the contract/agreement for a full Faculty Development course for the above referenced program, your organization has been designated as a Licensee by IHC. Applicants who successfully complete the course will be designated as Faculty by IHC. As such, your organization has assumed specific responsibilities related to the future use of the materials and delivery of the course, through the IHC Sponsoring Organization Training Agreement. As an IHC Faculty member representing the Sponsoring Organization* it is imperative that you understand and agree to these responsibilities.

IN CONSIDERATION OF THE FOREGOING, the Parties agree as follows:**1. License of Educational Programs**

The Course and Materials provided to the Licensee are copyrighted by and belong to IHC. IHC hereby grants Licensee a limited, royalty free license to use the Course & Materials only as follows:

- a) Only those designated as Faculty are authorized to use the Materials and such Materials shall be used solely for facilitating the Course.
- b) The Applicant agrees that upon becoming Faculty, he/she will utilize the Course and Materials only as delivered to them or the Licensee by IHC.

2. Copyright

The Applicant acknowledges that IHC holds a copyright to Course Materials. As such, all rights are reserved, and Faculty are not permitted to edit, copy, or reproduce any of the educational program material in whole or in part and shall not exploit or further develop these materials without IHC's specific written consent. Course workbooks (or an annual license to print) to support subsequent workshops given by Faculty will be purchased at the current unit rate, through the IHC office.

3. Participation Commitment Terms

- a) Faculty member or the Licensee/authorized personnel of Licensee agree to provide/report the following to IHC at least 15 days prior to the workshop presentation:
 - **ONLINE WORKSHOP INFORMATION FORM**
(<http://healthcarecomm.org/faculty/>)
 - **WORKBOOK ORDER FORM**, if materials are required (<http://healthcarecomm.org/faculty/>)
- b) Within 30 days following the IHC program, the Faculty member or the Licensee/authorized personnel of Licensee agree to provide/report the following to IHC:
 - The **WORKSHOP COVER SHEET** (available at <http://healthcarecomm.org/faculty/>) which includes the following information:
 - Workshop details (facilitator(s), location, length, etc.)
 - Attestation of disclosure requirements
 - Instructions to IHC staff for certificates, and

- All **EVALUATION FORMS** (original or copies) completed by attendees (as provided in the participant workbook), and
- All **PARTICIPANT INFORMATION FORMS** (original or copies) completed by attendees (as provided in the participant workbook), and
- A copy of the **WORKSHOP SIGN-IN SHEET**, with typed/printed names and signatures, and
- Any comments Faculty may have to help IHC learn how the Course and/or Materials are most useful, and
- If the event is NOT a formal workshop, requiring workbooks, then a "Non-workshop use of materials" form should be submitted to IHC.

4. IHC Attribution

IHC has invested substantially in developing the Course. One of the benefits IHC expects to receive as a result of presentation of the Course is acknowledgement throughout the health care community of IHC's role in furthering the effectiveness of health care communication. Faculty agree that it will prominently utilize IHC's name in announcing and promoting the Course and will utilize the materials that have been delivered by IHC. It is understood that no promotion of any product or service of the Faculty in association with the educational program will be made unless agreed to in writing by IHC.

5. Term of Agreement

The term of this Agreement shall be for a period of one (1) year from the course date first shown above. The Agreement will automatically be renewed thereafter unless written notice to the contrary is provided by either of the parties.

6. Termination

Either party shall have the right to terminate this Agreement on sixty (60) days prior written notice to the other. IHC shall have the right to cancel this Agreement at any time if Faculty fail to honor obligations hereunder, or, if in the sole opinion of IHC, Faculty fails to conduct its activities up to IHC's standards.

7. Rights on Termination

Upon termination of this Agreement, Licensee/Faculty shall promptly return or destroy, at IHC's option, all materials provided to it by IHC and expressly agrees not to use same or derivations thereof on its own behalf or on behalf of any third party.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates set forth below.

INSTITUTE FOR HEALTHCARE COMMUNICATION, INC.

FACULTY

Signature

Kathleen A. Bonvicini

Print Name

Chief Executive Officer

Title

Date

Signature

Print Name

Title

Date

** If faculty leave the employ of the Sponsoring Organization, and also wish to continue to present the IHC program, an updated signed agreement will be requested from their new Sponsoring Organization.*

SUBMIT ALL FIVE PARTS OF APPLICATION TO:
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