**Washington Association of Medical Staff Services**

### SPEAKING ENGAGEMENT AGREEMENT

FOR:

Speaker Name

Company Name

Address

Email

**Name of CE Sponsor: WAMSS**

**Contact: Michele Sabol**

**E-Mail:** **Michele.Sabol@healthspring.com**

**Business Phone: 770-779-2554**

**Emergency Number: 425-280-2422**

**Second Contact: Heidi Martinez**

**E-Mail:** **heidi.martinez@chcw.org**

**Business Phone: 509-961-7986**  **FAX:** 509-457-3989

This **LETTER OF AGREEMENT** commits XXXX to present as XXXX at the 38th WAMSS Annual Conference on XXXX, XXXX XX, XXXX from XXXXAM – XXXXAM with break or no break?

**Activity Location:**  Marcus Whiteman Hotel

 6 W Rose St.

 Walla Walla, WA 99362

**Presentation Title and Time:**

Please complete the attached **NAMSS PROGRAM ACCREDITATION – CE Application Addendum** so we submit your presentation to the National Association of Medical Staff Services for continuing education credit. It is imperative that you fill in your *Summary* and *Objectives*.

**Please return with this letter of agreement by January 3, 2017.**

# CONTENT INFORMATION: (It is the expectation of WAMSS that your presentation is based on the best currently available information.)

# EXPENSES:

**Applicable expenses** incurred for this activity should be billed immediately following completion of activity. Payment will be made within 30 days after receipt of invoice. Please see the financial reimbursement policy and expense reimbursement attached.

Speaker is to make all necessary travel arrangements. Closest airport is Walla Walla Regional Airport (ALW) and a free shuttle will be provided by Marcus Whiteman? Michele Sabol will make arrangements, when flight details are emailed.

# PRESENTATION REQUIREMENTS:

**My presentation will include the following.**

\_\_\_\_\_ PowerPoint Presentation \_\_\_\_\_ Other

**Your PowerPoint presentation is due by DATE: 2 WKS PRIOR TO ACTIVITY**

**I require the following equipment.**

\_\_\_\_\_ Computer & Projector \_\_\_\_\_ Internet Connection \_\_\_\_\_ VCR and Monitor

\_\_\_\_\_ Pointer \_\_\_\_\_ Microphone \_\_\_\_\_ Podium \_\_\_\_\_ Lavaliere \_\_\_\_\_ Wireless

**Handouts:**

It is our practice to create handouts from your submitted power point slides. Please indicate your agreement with the choice(s) below:

\_\_\_\_\_ Please create handouts from my PowerPoint presentation, which will be delivered electronically to Michele Sabol by the date stated above.

\_\_\_\_\_ I have additional handouts which need to be photocopied. They will be delivered (preferably electronically) to Michele Sabol by the date stated above. Handout Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I will be sending additional hard copy handouts by the date stated above.

 Handout Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I have received rights/permissions for handouts extracted from a publication

\_\_\_\_\_ I do not wish to have any handouts distributed.

\_\_\_\_\_ Other - Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CONSENT TO USE AND DISCLOSE INFORMATION:

As a sponsor accredited by NAMSS, WAMSS must ensure balance, independence, objectivity, in all its individually sponsored and jointly sponsored educational activities.

**Please return one signed copy of this agreement by January 3, 2017 confirming that you have read, and will comply, with the statements made in this document.**

The above is agreed to and accepted by:

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

Speaker Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

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

**Please submit completed documents electronically to:**

**Michele Sabol**

**Michele.Sabol@springhealth.com**

**NAMSS PROGRAM ACCREDITATION – CE Application Addendum**

**Program Title:**

**Program Date:**

**Sponsor: WAMSS – Washington Association Medical Staff Services**

**Intended Audience:**

Our intended audience includes:

* Medical Staff Services Professionals (MSSP’s)
* Provider Credentialing Specialists
* Central Verification Organization Professionals
* Managed Care Professionals
* Clinic/Group Practice Credentialing Professionals
* Accreditation/Compliance Professionals

**Speaker:**

**Credentials:**

**Summary: Please add your summary here – see example below.**

EXAMPLE - From last meeting: The Washington State Medical Association has joined with the Puget Sound Health Alliance and the Washington Academy of Family Physicians to create the Clinical Performance Improvement Network (CPIN), an educational program designed to assist physician practices focus efforts on quality improvement. The collaborative effort will be led by Lance Heineccius, WSMA's director of performance improvement and lead technical staff for the newly revised WSMA Foundation for Health Care Improvement.

The goal for CPIN is to offer opportunities for medical practices to collaborate with one another, sharing best practices, proven innovations, tools, and resources to stimulate accelerated and efficient implementation into practice settings. The initial target audience will be medium and small-sized primary care practices in the Puget Sound region, with a focus on evidence-based care, especially for chronic conditions and preventive services. The program plans to expand statewide in 2011.

**Objectives: Please add your objectives here – see example.**

EXAMPLE - At the completion of this program, attendees will be able to:

* Describe what CPIN is and what it’s goals are
* Understand who CPIN can benefit the audiences employers and/or physicians
* Understand how to involve CPIN in your facilities existing performance improvement program