



Frontiers Speakers Deadlines

Deadline	Task
March 15, 2024	 Speaker Registration Complete Speaker Registration & Abstract Submission via the following link: <u>Speaker</u> <u>Registration & Abstract Link</u>. Your conference fees are included as a speaker for this conference. Completion of Speaker Registration includes photo, bio, abstract title, abstract description, abstract, three (3) learning objectives and CV. As we will be offering CME/CEUs this year, the approval process is contingent upon all the speaker registrations being received in a timely manner. We ask that you please consider the time it will take to register and schedule accordingly. NOTE: Your information can be saved and completed at a later time. Your name, email address and hotel accommodations will be collected upon initial registration and cannot be revised once registered.
March 15, 2024	 Disclosure Forms In collaboration with the University of California – San Diego and National Society for Genetic Counseling, we will be applying to offer Continuing Medical Education (CME) at the conference. The approval process is contingent upon all the speaker registrations and disclosures being received in a timely manner. We ask that you please consider the time it will take to register and schedule accordingly. UCSD requires our speakers to complete a Conflict of Interest Disclosure. Please see the procedures outlined below for completing you UCSD disclosure. UC San Diego CME Conflict of Interest Online Disclosure (on Cloud CME) UC San Diego CME staff require all speakers to complete a disclosure to determine whether your financial relationships are relevant to the content of this activity. At this time, we ask that you disclose all financial relationships you have had with ineligible companies during the past 24 months. Please note that the existence of relevant financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this activity, but that all such relationships must be mitigated prior to assuming a role in the activity.
April 19, 2024	 Final Presentation Slides Due A template for your presentation is included in the Speaker Packet link above. We ask that you submit your presentation no later than April 5, 2023. Please be sure to add your three learning objectives to your slide deck. Please be sure to add your disclosure statements to your slide deck.
May 1 & 2, 2024	Speaker Orientation to the Stage Rehearsals/Familiarization with stage will take place onsite with the AV Team at the back of the main auditorium on May1 st and 2 nd during breakfast, breaks and lunch.

Complete Stand-Alone Disclosure



Step 1: Visit UCSD CloudCME page, https://ucsd.cloud-cme.com/default.aspx.

Step 2: Click on the **Sign In** button on the top left **Note:** If you are a UCSD/UCSDH employee please use SSO log in option.



Step 3: If you are a UCSD/UCSDH employee, log in using the SSO Login option; otherwise, click on Sign-In or Create Account



If you have an existing account, skip to Step 5.

Step 4: If you need to create an account because you are not a UCSD/UCDH employee, click on **Sign In or Create Account** then click on **Create New Account**.

UC Schoo	San Diego ol of Medicine			<< Back to C	ontinui	ng Medica	l Educatio	on Home Page
Sign In	Browse By Specialty	Live Courses	Live Webinars	On Demand Courses	RSS	Other	Help	
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	Enter your email a Email Lo	gin	ogin:	New to Cloud	CME? Cr	eate an Ad	count:	
		< Back	to Login Provider	● Forgot Your Password?				

If you create a non-SSO account, you will receive a confirmation message indicating that you have created an account.

E Accour	nt Created
<u>^</u>	An account has been created for (your email address will appear here) Please log in to continue, thank you. OK

After you click **OK**, you will need to **Sign In** to your account using your newly created credentials.



Once you login to your account, you will be prompted to complete your profile. Click **OK** and complete the registration.

Alert

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Please verify your profile information is up-to-date and click submit.



Please complete the profile with as much accurate information as you can. You will need to answer all the required questions in **red** before being able to click submit. *Note: If you are ever a planner, faculty presenter, course director, etc. on n activity, your

name and credentials as entered here will show up on activity promotions.

UC San Diego School of Medicine								<< Back to Continuing Medical Education Home Page Welcome (Your Name will Appear Here)
Sign Out Browse By Specialty	Live Courses	Live Webinars	On Demand Courses	RSS	Other	Help	My CME	۹

PROFILE

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Please complete the information below. Required fields are noted with a red asterisk. Scroll down and click Submit. If you are new to this system, you will need to login with your email address and the password you created below.

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	John			Rodriguez R		
Degree		Professional Des	ignation	is 📵		
MD	•	12				
Profession						_
Addiction Pi	rofessiona	I Adr	ninistrato	or	Advanced	Practice Nurse
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Behavioral	Therapist	Cer	tified Re	gistered Nurse	Chiropracte	OF

You will then be redirected to the main page.

Step 5: Scroll down the page and click on Disclosure Form WELCOME TO THE UC SAN DIEGO CONTINUING MEDICAL EDUCATION LEARNING PORTAL

Here you can access information about courses offered, register to attend, and manage your learning needs. If you are an educator or planner, you can also browse resources and apply for credit.

If you are a UC San Diego employee, please log in with your SSO credentials.



Step 6: You will read through this form and complete the required question (**in red**) on the screen before you can click submit.

Within the past 24 months, have you received financial support (in any amount) from an employment, consulting, research grant support, honoraria, etc.)? *	ineligible company (including
 Yes. In the past 24 months, I have an existing and/or have had a financial relationship with these relationships below). 	an ineligible company (list
O No. In the past 24 months, I have not had a financial relationship with an ineligible compar	IY.
Attestation	
I have disclosed all relevant financial relationships and I will disclose this information to learner	S. *
O Yes O No	
The content and/or presentation of the information with which I am involved will promote quality care and will not promote a specific proprietary business interest of a commercial interest. Con any presentation of therapeutic options, will be balanced, evidence-based and commercially un	or improvements in health tent for this activity, including biased. *
O Yes O No	
I understand that my presentation/content may need to be reviewed prior to this activity, and I v and resources in advance as requested. *	vill provide educational content
Yes No	
If I am providing recommendations involving clinical medicine, they will be based on evidence to profession of medicine as adequate justification for their indications and contraindications in the research referred to will conform to the generally accepted standard of experimental design, da Yes No	hat is accepted within the e care of patients. All scientific ta collection and analysis. *
Tatlest that the above information is correct as of this date of submission (sign below).	
Type your full name below to sign: *	Date
	11/18/2022

radygenomics.org