



AMGEN CPD PORTAL

Process Manual

Table of Contents

Step-by-Step Regional Event Planning Guide	1
Selecting a Therapeutic Area	2
Selecting a Program	2
Individual Certified Program Home Page	3 - 4
New Event Request Form	5 - 8
My Dashboard	9 - 15
Finance	16
Program Materials	17 - 22
▪ Invitation Template (National Certification Statement)	18
▪ Invitation Template (Regional Certification Statement)	19
▪ Evaluation Form	20
▪ Certificate of Attendance	21
▪ Sign-In Sheet	22
Speaker and Moderator Management	23 - 24
Speaker Resource Portal	25

STEP BY STEP – REGIONAL EVENT PLANNING GUIDE

Four to Six Weeks Prior to Event Date:

1. **Speaker:** Approach the **approved** speaker and identify a convenient date, time and location for the regional event. Review the modules /materials that will be presented.¹ Advise the speaker that a formal invitation will follow from the physician organization.
2. **Venue:** Contact the venue / catering company to hold the selected date / time and advise them that the physician organization will be in touch with the payment processing instructions. Hold the date under the applicable program name.
3. Submit the “**New Event Request Form**” in the applicable program portal. **PLEASE NOTE THAT THE EVENT DATE MUST BE A MINIMUM OF 4 WEEKS FROM THE DATE YOU SUBMIT THE REQUEST.**
4. Visit your dashboard to monitor the event request status. If any changes are applicable, please ensure you complete your action items promptly.
5. **Dashboard Event Status: Active – Regional Ethics Review Pending:** Confirms that the speaker has confirmed availability and that the physician organization has submitted the event to the regional CFPC chapter for review,
 - Download the Invitation Template (National), save it to your desktop and enter the pertinent event details²
 - **Initiate recruitment**
 - **Initiate logistics support (menu, catering, AV)**
6. **Dashboard Event Status: Active – Regional Ethics Approved:** Confirms that the event has received regional ethics approval.
 - Download the Invitation Template (Regional), save it to your desktop and enter the pertinent event details³
 - **Continue recruitment utilizing the regional invitation template**

One Week Prior to the Event Date:

1. **Program Materials:** Download the program materials, save them to your desktop, enter the pertinent event details and print the documents for on-site distribution⁴
2. Remind the event speaker to download the program slides and their COI slides through their Speaker Resource Portal
3. Finalize any outstanding logistics items

Post Event:

1. **Submit the completed Program Materials:** Submit the completed program materials (evaluation forms & sign in sheet) within 5 business days after the event date⁵
2. **Honoraria and 3rd Party Payments:** Once the required documents are submitted, the Physician Organization will issue the honoraria and other applicable payments for the completed event

¹ Reference pages 23-24

² Reference page 18

³ Reference page 19

⁴ Reference pages 20-22

⁵ Reference page 14


SELECT A THERAPEUTIC AREA

AMGEN
CPD Portal
Welcome TestFirst, TestLast

Help Centre Contact Us Log Out

Click on the CARDIOVASCULAR or BONE HEALTH tile to access the menu of programs available for the therapeutic area


Select a Therapeutic Area



CARDIOVASCULAR
Active Programs: 1

Click the tile to proceed to program selection

Specifies the number of programs currently active



BONE HEALTH
Active Programs: 0

Click the tile to proceed to program selection

Specifies the number of programs currently active

CANADIAN HEART RESEARCH CENTRE
CANADIAN CENTRE FOR PROFESSIONAL DEVELOPMENT IN HEALTH AND MEDICINE
A Division of the Canadian Heart Research Centre

<https://amgen.ccpdm.com>
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259 Yorkland Road, Suite 200,
North York, Ontario,
Canada, M2J 5B2

PROGRAM SELECTION

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All active programs under the selected Therapeutic Area will appear on this page

CARDIOVASCULAR

Please Select Your Program.

NEW HORIZONS IN DYSLIPIDEMIA MANAGEMENT IN PRIMARY CARE

Developed by: CHRC
Certified by: CPDC
Program ID: 187165
Expiration Date: May 28, 2019

Target Audience: Primary Care Physicians
Credit Hours: 3.0
Events Completed: 0

Click Enter to access the home page and the pertinent instructions and materials for this program

Enter

Program Name

Click the Back button to return to the "Select Therapeutic Area" page

The following information is available in this view:

- Developed By → Physician organization name
- Certified By → Accrediting body name
- Program ID → Number assigned by the accrediting body to the program
- Expiration Date → Date on which the certification period for this program expires
- Target Audience → Specifies the audience for whom this program was designed and certified
- Credit Hours → Specifies the maximum credit hours available for this program
- Events Completed → Provides a total number of regional events completed for this program

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INDIVIDUAL CERTIFIED PROGRAM HOME PAGE

- General Overview -

The screenshot shows the AMGEN CPD Portal interface. At the top, the AMGEN logo and 'CPD Portal' text are on the left. Below them, a welcome message 'Welcome TestFirst, TestLast' is followed by a blue arrow pointing to the text 'Your first and last name will appear here'. To the right, the program name 'New Horizons in Dyslipidemia Management in Primary Care' is displayed with a blue arrow pointing to it labeled 'Program Name'. Further right, there are links for 'Help Centre', 'Contact Us', and 'Log Out'. Below these, a 'COMING SOON' banner states 'Will include FAQs', with a blue arrow pointing to it labeled 'Link to email the webmaster'. To the right of this is a 'Click to log out of your account' link with a blue arrow pointing to it labeled 'Log Out'. On the left side, there is a 'CARDIOVASCULAR' link with a blue arrow pointing to it labeled 'Therapeutic Area'. Below this, a 'Click the Home icon to return to the program home page' instruction points to a home icon. The main content area is titled 'STEP BY STEP - REGIONAL EVENTS:' and contains three sections: 'ACTION ITEMS' (labeled 1), 'PROGRAM MATERIALS & RESOURCES' (labeled 2), and a table (labeled 3). The 'ACTION ITEMS' section lists 'New Event Request Form', 'My Dashboard', and 'Finance'. The 'PROGRAM MATERIALS & RESOURCES' section lists 'Program Description', 'Process Document', 'Internal Implementation Guide', 'Scientific Planning Committee', 'Program Materials', and 'Speaker & Moderator Management'. The table has columns for 'ACTIVE', 'ATTENTION', 'CANCELED', and 'COMPLETED'. To the right of the table, a blue arrow points to a 'Back' button with the text 'Click the Back button to return to the "Select Therapeutic Area" page'. A large blue bracket on the right side of the 'STEP BY STEP - REGIONAL EVENTS:' section is labeled 'A step by step guide to planning your regional event.' and 'All items in displayed in blue font are hyperlinked to the appropriate page or document'. A blue bracket on the left side of the 'ACTION ITEMS' and 'PROGRAM MATERIALS & RESOURCES' sections is labeled 'Left side navigation bar'.

1 - ACTION ITEMS - OVERVIEW

New Event Request Form → Allows the user to submit all the pertinent details for an upcoming regional event. Prompts speaker invitation and CFPC Regional Ethics Submission

My Dashboard → Summary view of all current and completed events. Provides action items and individual event details

Finance → Summarizes event expenses and honoraria for each completed event as disbursed by the physician organization

2 - PROGRAM MATERIALS AND RESOURCES - OVERVIEW

Program Description → Static Page. Provides a brief overview of the certified program

Process Document → Allows the user to download this user guide

Internal Implementation Guide → Allows the user to download the process and implementation guide outlining internal company procedures and FAQs

Scientific Planning Committee → Static Page. Lists SPC members responsible for the development of the program and their affiliations

Program Materials → Provides access to all the pertinent and approved materials for the program (National & Regional Invitation Templates, Evaluation Form, Certificate of Attendance and Sign-In Sheets. All materials provided as modifiable PDFs.

Speaker & Moderator Management → Provides access to a dynamic searchable database of all currently approved and invited speakers and moderators, their contract information and payment summary. Allows the user to submit a request for a new speaker / moderator for physician organization review and approval.

INDIVIDUAL CERTIFIED PROGRAM HOME PAGE

- General Overview -

3 - EVENT SUMMARY - OVERVIEW

Summarizes your total events and breaks them down by status

ACTIVE → Number of events that are currently in progress and have no “action items” pending

ATTENTION → Number of events that require your attention and / or follow up. The “action items” will be listed in your dashboard

CANCELLED → Number of events that have been cancelled

COMPLETED → Number of events that have been successfully completed and have no “action items” pending

NEW EVENT REQUEST FORM

ACTION ITEMS

- New Event Request Form**
- My Dashboard
- Finance

PROGRAM MATERIALS & RESOURCES

- Program Description
- Process Document
- Internal Implementation Guide
- Scientific Planning Committee
- Program Materials
- Speaker & Moderator Management

- You are required to complete and submit the **“New Event Request Form”** for each event that you plan to schedule in your territory for the program.
- The **“New Event Request Form”** is accessible through the left-hand menu of each program home page under the **ACTION ITEMS** header.
- This form must be submitted a minimum of four (4) weeks prior to the anticipated event date.**
- To expedite the Regional Ethics Review process, you may ask the selected speaker to hold the date and advise him or her that an email invitation from the physician organization is to follow and contact the selected venue and hold it for the program date.
- Please note that the speaker will receive the official invitation email as soon as the “New Event Request Form” is submitted**
- You will receive email notifications advising you of the program status, any applicable action items and a confirmation once the regional ethics approval has been granted by the provincial CFPC chapter.

AMGEN
CPD Portal
Welcome TestFirst TestLast

Help Centre Contact Us Log Out

New Horizons in Dyslipidemia Management in Primary Care

New Event Request Form

Note: All fields, except those marked as optional are required.

EVENT CONTACT INFORMATION

Event Contact: TestFirst, TestLast
Contact Phone Number: 1231231234
Contact Email Address: laia@chrc.net

EVENT DETAILS

Event Date:
Event Date 2 (optional):
Event Date 3 (optional):
Meal Start Time:
Event Start Time:
Event End Time:
Event Credits: ☐ 1 Mainpro+ Credits (1 hour) Case New Horizons Deck
☐ 0.5 Mainpro+ Credits (30 minutes) Case 1: Diabetes & Cardiovascular Disease
☐ 0.5 Mainpro+ Credits (30 minutes) Case 2: LDL-C: How Low Do You Go?
☐ 0.5 Mainpro+ Credits (30 minutes) Case 3: ASCVD with Multiple CV Risk Factors
☐ 0.5 Mainpro+ Credits (30 minutes) Case 4: Familial Hypercholesterolemia
Is this event being offered as part of a longer, multi-session event?
☐ Yes ☐ No - If yes, please upload a copy of the multi-session agenda. Acceptable file formats are pdf, and doc.
Costs incurred by the participants:

EVENT SPEAKERS & MODERATORS

If the speaker or moderator name(s) do not appear in the drop-down menu, please go to the **Master Speaker List** tab and complete the "New Speaker Request" Form. A new session request cannot be made if the speaker does not appear in this drop-down menu.

Program Speaker:
Session Moderator Name (optional):

EVENT LOCATION & LOGISTICS

Has the venue been contacted to hold the dates?
☐ Yes ☐ No

Location Type:
Location Name:
Location Address:
City:
Province:
Phone Number (optional):
Website (optional):
Meal Type:
Approximate Cost per Person:
Audio-Visual Equipment and Arrangements:
Additional Information / Comments:

SUBMIT

NEW EVENT REQUEST FORM

New Horizons in Dyslipidemia Management in Primary Care ← **Program Name**

New Event Request Form

Note: All fields, except those marked as optional are required.

EVENT CONTACT INFORMATION

Event Contact	Contact Phone Number	Contact Email Address
TestFirst, TestLast	1231231234	laia@chrc.net

Fields will be pre-populated with your contact information. Your name and email will be submitted to the CFPC as an additional event contact.

Click the Back button to return to the "Program Home Page". You will lose any entered information if you leave this page

Back

EVENT DETAILS

Optional 2nd and 3rd event dates

Event Date 1	Event Date 2 (optional)	Event Date 3 (optional)	Meal Start Time	Event Start Time	Event End Time

Enter the Event Date:

- Click on the field to open the calendar pop-up
- Select the event date from the calendar (use the right arrow to navigate to the subsequent months)
- The event date must be at least four (4) weeks from the date the request is being made (e.g. today's date)
- If you enter a date that is less than four (4) weeks from the date of the request an error message will appear, and you will be prompted to select a date within the required range
- At least one event date must be entered
- You have an option of entering up to two additional event dates
- The speaker will receive an email with the event date(s) and will be prompted to confirm his or her availability

EVENT DETAILS

Event Date 1

2018/06/26

July 2018

1 2 3 4 5 6 7

8 9 10 11 12 13 14

15 16 17 18 19 20 21

22 23 24 25 26 27 28

29 30 31 1 2 3 4

5 6 7 8 9 10 11

EVENT CREDITS OR MODIFICATIONS

If the speaker or moderator name(s) do not appear in the dropdown menu

Enter the Meal Start Time, Event Start Time and the Event End Time:

- Click on the fields to open the time-picker pop-up (please note that it's a 24-hr clock)
- Select the applicable time for each field
- Please ensure that the hours and minutes are correctly selected
- If the meal will be provided after the event, please enter the event end time in the meal start time field
- Please note the designated credit hours assigned to each module (Event Credits section in this form) and ensure that your start and end times reflect the time allotted to the selected modules

Meal Start Time

Event Start Time

Event End Time

19:00

19:00

00

nd complete time "New Speaker Request" form. A new session o

Event Credits

☐ 1 Mainpro+ Credits (1 hour) Core New Horizons Deck

☐ 0.5 Mainpro+ Credits (30 minutes) Case 1: Diabetes & Cardiovascular Disease

☐ 0.5 Mainpro+ Credits (30 minutes) Case 2: LDL-C: How Low Do You Go?

☐ 0.5 Mainpro+ Credits (30 minutes) Case 3: ASCVD with Multiple CV Risk Factors

☐ 0.5 Mainpro+ Credits (30 minutes) Case 4: Familial Hypercholesterolemia

Select Accredited Modules (Material to be presented):

- Check all applicable modules that will be presented during this event (at least ONE must be selected)
- Please note the designated credit hours assigned to each module and ensure that your start and end times reflect the time allotted to the selected modules (e.g. If you are selecting the Core Deck and Case 2, your program duration should be 90 minutes)
- The speaker will be notified of the selected modules once the New Event Request Form is submitted
- Please check-off the selected modules in the Invitation Templates at the time of recruitment

If applicable, enter a numeric value representing costs incurred by the participating physicians for this event (e.g. registration fees). If there is not cost to the participants, leave as 0

Is this event being offered as part of a larger, multi-session event?

☐ Yes ☐ No • If yes, please upload a copy of the multi-session agenda. Acceptable file formats are: pdf, and doc.

Upload

Choose File

Costs incurred by the participants

0

Specify if this event is offered as part of a larger, multi-session program

- Select No, if this is a stand-alone event
- Select Yes, if this event is part of a larger, multi-session conference / meeting. If you select Yes, you will be prompted to upload a copy of the overall multi-session agenda. This must be done at the time of the submission

Will only appear if Yes is selected in the previous question. Click the "Choose File" button, find the file location and double click to upload the document

NEW EVENT REQUEST FORM

EVENT SPEAKERS & MODERATORS

If the speaker or moderator name(s) do not appear in the drop-down menu, please go to the **Master Speaker List** tab and complete the "New Speaker Request" Form. A new session request cannot be made if the speaker does not appear in this drop-down menu.

Program Speaker

Please select a speaker ▼

Session Moderator Name (optional)

Please select a moderator ▼



Select the Speaker from the drop-down menu

- The **approved** speaker names will appear in the drop-down menu (alphabetical order)
- **Select the speaker for this event**
- Once this form is submitted, the speaker will be emailed an invitation which will request for him or her to confirm or decline the event date and will summarize all the pertinent event details.
- If the speaker accepts the invitation for the event, the event details will also appear in his or her personal Speaker Resource Portal
- We recommend that you visit the "Speaker and Moderator Management" tab accessible through the left-hand menu of the program home page under the PROGRAM MATERIALS & RESOURCES header to see if the speaker(s) you plan on selecting has been included in the list. If the name does not appear, please reference the "Speaker and Moderator Management" section of this document and follow the instructions for requesting a new speaker / moderator. We will confirm once the new speaker has been approved and invited and his or her name will then appear in the drop-down menu



OPTIONAL: Select the Moderator from the drop-down menu

- The **approved** moderator names will appear in the drop-down menu (alphabetical order)
- **Select the moderator if applicable**
- Once this form is submitted **AND** the speaker confirms availability, the moderator will be emailed an invitation which will request for him or her to confirm or decline the event date and will summarize all the pertinent event details.
- If the moderator accepts the invitation for the event, the event details will also appear in his or her personal Speaker Resource Portal
- We recommend that you visit the "Speaker and Moderator Management" tab accessible through the left-hand menu of the program home page under the PROGRAM MATERIALS & RESOURCES header to see if the moderator(s) you plan on selecting has been included in the list. If the name does not appear, please reference the "Speaker and Moderator Management" section of this document and follow the instructions for requesting a new speaker / moderator. We will confirm once the new moderator has been approved and invited and his or her name will then appear in the drop-down menu

EVENT LOCATION & LOGISTICS

1 Has the venue been contacted to hold the dates?

☐ Yes ☐ No

2

Location Type

Other ▼

Location Name

3 Location Address

City

Province

Please select a province ▼

3 Phone Number (optional)

Website (optional)

4 Meal Type

Please select one ▼

5 Approximate Cost per Person ⓘ

0

6 Audio-Visual Equipment and Arrangements

Please select one ▼

7 Additional Information / Comments

SUBMIT

1 → Has the venue been contacted to hold the date? Please specify "yes" or "no". We recommend that you contact the venue in advance to hold the date/times under the program name and advise them that the CHRC will be in touch with the payment information and instructions for billing

2 → Select the location type from the drop-down menu. The location type refers to where the meeting will be hosted (e.g. Restaurant / Clinic etc...)

3 → Enter the location details. Please note that if the event is being hosted in a clinic or an office, **you must provide the details of the catering company in the Additional Information / Comments section (7)**

4 → Select the meal type (breakfast, lunch or dinner) from the drop-down menu

5 → Enter a numeric value for the approximate meal cost per person. Please mouse-over the info icon above to reference the provincial maximal allowances by meal type.

6 → Audio-Visual Equipment and Arrangements → Please select from the drop-down menu

7 → Please enter any additional information / comments of note for this event in the text box.

NEW EVENT REQUEST FORM

New Horizons in Dyslipidemia Management in Primary Care

New Event Request Form

Note: All fields, except those marked as optional are required.

[Back](#)

EVENT CONTACT INFORMATION

Event Contact: TestFirst, TestLast | Contact Phone Number: 1231231234 | Contact Email Address: laia@chr.net

EVENT DETAILS

Event Date 1: 2018/08/11 | Event Date 2 (optional): | Event Date 3 (optional): | Meal Start Time: 20:00 | Event Start Time: 19:00 | Event End Time: 20:00

Event Credits: ☒ 1 Mainpro+ Credits (1 hour) Core New Horizons Deck | ☐ 0.5 Mainpro+ Credits (30 minutes) Case 1: Diabetes & Cardiovascular Disease | ☐ 0.5 Mainpro+ Credits (30 minutes) Case 2: LDL-C: How Low Do You Go? | ☐ 0.5 Mainpro+ Credits (30 minutes) Case 3: ASCVD with Multiple CV Risk Factors | ☐ 0.5 Mainpro+ Credits (30 minutes) Case 4: Familial Hypercholesterolemia

Is this event being offered as part of a larger, multi-session event? ☐ Yes ☒ No - If yes, please upload a copy of the multi-session agenda. Acceptable file formats are: pdf, and doc.

Costs incurred by the participants: 0

EVENT SPEAKERS & MODERATORS

If the speaker or moderator name(s) do not appear in the drop-down menu, please go to the **Master Speaker List** tab and complete the "New Speaker Request" Form. A new session request cannot be made if the speaker does not appear in this drop-down menu.

Program Speaker: Robert Dufour | Session Moderator Name (optional): Please select a moderator

EVENT LOCATION & LOGISTICS

Has the venue been contacted to hold the dates? ☒ Yes ☐ No

Location Type: Medical/Clinic/Office | Location Name: Dr's Office | Location Address: 124 Street Name | City: City

Province: Ontario | Phone Number (optional): | Website (optional): | Meal Type: Lunch | Approximate Cost per Person: 30

Audio-Visual Equipment and Arrangements: Will be provided/arranged by the Session contact (in-kind support) | Additional Information / Comments: The catering will be provided by company XYZ

SUBMIT

Once you have completed all the required form components, click the SUBMIT button

If any fields have been missed, they will be highlighted. Please review and complete the missing fields prior to re-submitting.

Request Submitted

Thank You!

Your new session request has been successfully submitted and will be reviewed within 24-48 business hours.

You will be notified as following:

- Session Request Approved: Once approved, you may proceed to inviting the session participants utilizing the "National" Invitation template located in the Program Materials section of the website.
- Changes Required: The applicable "Action Item" will be listed in your dashboard (e.g. Session Speaker not available on selected date)

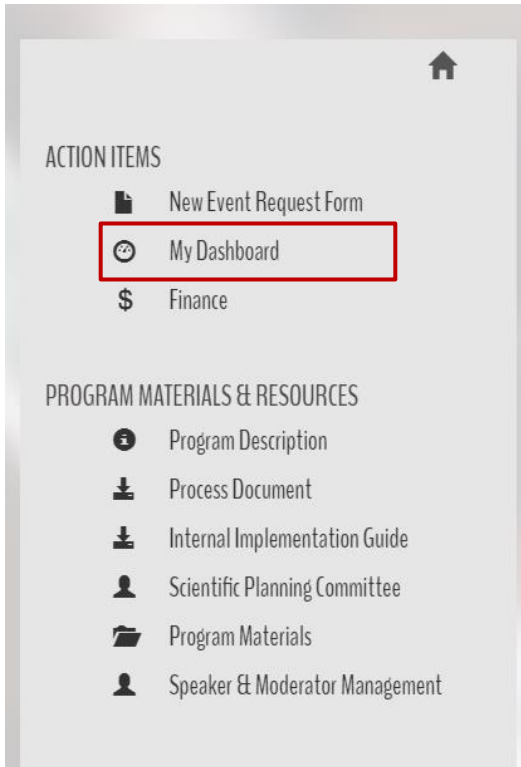
This pop-up will appear once you have successfully submitted the New Event Request Form.

Close

After the Form is Submitted:

- The event status will be listed as **"Under Review"** and will appear in "My Dashboard" which is accessible through the left-hand menu of the program home page under the ACTION ITEMS header.
- The speaker will be asked to confirm the date (automatic email) and the physician organization will ensure that all required documents (COI) are available. **Any applicable action items requiring your attention will be listed in the dashboard.**
- The physician organization will contact the venue / caterer once the speaker confirms availability.
- Once all the items are confirmed, the event will be submitted to the CFPC's Provincial chapter for regional ethics review. The status of the event will be updated to **"Active - Regional Ethics Review Pending"**. You will receive an email with the status change.

MY DASHBOARD



- **"My Dashboard"** is accessible through the left-hand menu of each program home page under the **ACTION ITEMS** header.
- The dashboard will list all the events that have been submitted by you and will serve as a summary view of the individual events and their respective components and will be used to facilitate any action items and manage the post-event document submission
- The dashboard will become active after the submission of your first **"New Event Request Form"**

My Dashboard

							Required Documents	Payment Status
Cancel / Modify Event Info ⓘ	Request Date	Full Event Details	My Action Item(s)	Event Status	Event Info At-a-Glance	Final Attendance	Required Documents ⓘ	Payment Status
<div>Cancel</div> <div>Modify</div>	2018/6/25	👁	N/A	Under Review	TestSpeaker,TestLast / , test		ⓘ	👁

Showing 1 to 1 of 1 entries ← Entries per page out of total entries

First Previous 1 Next Last

Page navigation panel

MY DASHBOARD

My Dashboard

							Required Documents	Payment Status
1 Cancel / Modify Event Info	2 Request Date	3 Full Event Details	4 My Action Item(s)	4 Event Status	5 Event Info At-a-Glance	7 Final Attendance	6 Required Documents	8 Payment Status
<div>Cancel 1A</div> <div>Modify 1B</div>	2018/6/25		N/A	Under Review	TestSpeaker, TestLast / , test			

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

1 → Cancel / Modify Event Info

- Cancellation and / or changes to the event must be submitted through the dashboard. The physician organization administrator will review the request and you will be advised of the next steps.

1A → Cancelling an Event

- Click the “Cancel” button
- The pop-up window will be pre-populated with the event specific details
- Please provide the reason(s) for the cancellation request in the text box**
- Click the “Submit” button to submit the cancellation request
- Click the “Close” button if you do not want to proceed with making the cancellation request
- The cancellation request will be submitted to the physician organization. You will be notified within 24 hours (1 business day) of the next steps. Once you receive the notification approving the cancellation request, it will be YOUR responsibility to notify the registered event participants. The physician organization will notify the speaker(s) and the venue. Please note that this function will be disabled 2 business days prior to the scheduled event date.**

1
Cancel / Modify Event Info

Cancel 1A

Modify 1B

Session Cancellation Request

Event ID: 1079
Event Contact: TestFirst, TestLast
Event Date:
Event Location: Doctor's Clinic
Event Speaker: TestSpeaker, TestLast
Event Moderator: (if applicable)
Please provide reason(s) for the cancellation request:

Submit

Close

1B → Making changes to the Event

- Click the “Modify” button
- The pop-up window will be pre-populated with the event specific details
- Please provide a summary of all requested changes for the event (e.g. start time)**
- Click the “Submit” button to submit the requested changes
- Click the “Close” button if you do not want to proceed with making the change request
- The event modification request will be submitted to the physician organization. You will be notified within 24 hours (1 business day) of the next steps. Approved changes will be reflected in your dashboard. Please note that this function will be disabled 2 business days prior to the scheduled event date.**

1
Cancel / Modify Event Info

Cancel 1A

Modify 1B

Changes to Event Request

Event ID: 1079
Event Contact: TestFirst, TestLast
Event Date:
Event Location: Doctor's Clinic
Event Speaker: TestSpeaker, TestLast
Event Moderator: (if applicable)
Please provide a summary of all requested changes for this event:

Submit

Close

2 → Request Date

- Displays the date of the “New Event Form Submission”

MY DASHBOARD

My Dashboard

							Required Documents	Payment Status
1 Cancel / Modify Event Info ⓘ	2 Request Date	3 Full Event Details	4 My Action Item(s)	4 Event Status	5 Event Info At-a-Glance	7 Final Attendance	6 Required Documents ⓘ	8 Payment Status
<div>Cancel IA</div> <div>Modify IB</div>	2018/6/25		N/A	Under Review	TestSpeaker,TestLast / , test			

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

3 → Full Event Details

- **"Eye Icon"** – click on the icon to view the full event details as submitted in the **"New Event Request Form"**. The form is read-only if the "eye" icon is displayed
- **"Pencil Icon"** – if the "pencil" icon is displayed, there is a requirement for you to make changes to the event. The specific action item will be listed under the "My Action Item(s)" column. Click on the icon to access the submitted **"New Event Request Form"** – the form will allow you to make changes to the action item and re-submit the form.

<div>Cancel</div> <div>Modify</div>	2018/6/25		The Venue is not available for the selected date(s): Please click on the "pencil" icon and enter new venue details	Changes Required	TestSpeaker,TestLast / , test			
-------------------------------------	-----------	--	--	------------------	-------------------------------	--	--	--

Click on the "Pencil" icon to open the form and enter new venue details

Action Item

Event Status

MY DASHBOARD

My Dashboard							Required Documents	Payment Status
1 Cancel / Modify Event Info ⓘ	2 Request Date	3 Full Event Details	4 My Action Item(s)	4 Event Status	5 Event Info At-a-Glance	7 Final Attendance	6 Required Documents ⓘ	8 Payment Status
<div>Cancel 1A</div> <div>Modify 1B</div>	2018/6/25		N/A	Under Review	TestSpeaker,TestLast / , test			
Showing 1 to 1 of 1 entries								
			First		Previous	1	Next	Last

4 → Event Status & My Action Item → Please note that these columns are dependent

Status: Under Review **My Action Item(s):** N/A

- Displayed once the "New Event Request Form" is submitted
- Your Action Items:** N/A = none
- Physician Organization Action Items:** Confirm speaker, confirm COI is on file or collect COI, confirm venue availability and provide payment authorization if applicable

Status: Changes Required **My Action Item(s):** Speaker Not Available for the selected date(s). Please click on the "pencil" icon and select a different speaker or change the session date

- Displayed if the selected speaker is not available for the event date(s) requested
- Your Action Items:** Please click on the "pencil" icon and select a different speaker or change the session date

Status: Changes Required **My Action Item(s):** Speaker Declined Participation: Please click on the "pencil" icon and select a different speaker

- Applicable only to new speakers that have been added to the portal post launch. Displayed if the new speaker declines participation.
- Your Action Items:** Please click on the "pencil" icon and select a different speaker

Status: Changes Required **My Action Item(s):** The Venue is not available for the selected date(s): Please click on the "pencil" icon and enter new venue details

- Displayed if the selected venue is not available for the selected date / times
- Your Action Items:** Please click on the "pencil" icon and enter new venue details

Status: Active – Regional Ethics Review Pending **My Action Item(s):** N/A

- Displayed once the physician organization submitted the regional ethics request to the provincial CFPC Chapter. The physician organization is responsible for managing any change requests from the CFPC
- Your Action Items:** N/A = none
- You may download the modifiable National Invitation Template and initiate participant recruitment

Status: Active – Regional Ethics Approved **My Action Item(s):** N/A

- Displayed once the provincial ethics review has been approved by the CFPC chapter
- Your Action Items:** N/A = none
- You may download the modifiable Regional Invitation Template and the program materials (evaluation form, certificate of attendance, sign-in sheet)

MY DASHBOARD

My Dashboard							Required Documents	Payment Status
1 Cancel / Modify Event Info ⓘ	2 Request Date	3 Full Event Details	4 My Action Item(s)	4 Event Status	5 Event Info At-a-Glance	7 Final Attendance	6 Required Documents ⓘ	8 Payment Status
<div>Cancel 1A</div> <div>Modify 1B</div>	2018/6/25		N/A	Under Review	TestSpeaker,TestLast / , test			
Showing 1 to 1 of 1 entries						First	Previous	1
							Next	Last

4 → Event Status & My Action Item → Please note that these columns are dependent

Status: Cancelled **My Action Item(s):** N/A

- Displayed if the cancellation request is approved by the administrator
- **Please notify any registered participants of the cancellation. The physician organization will notify the speaker and the venue.**

Status: Completed – Items Pending **My Action Item(s):** Submit Post Event Materials

- Displayed after the event date takes place (next business day).
- **Your Action Items:** Submit the post event materials (outlined in 6) within 5 business post the event.
- **Please note that the physician organization will issue the honoraria once the required materials are submitted**

Status: Completed – Session Closed **My Action Item(s):** N/A

- Displayed once the all the required materials are submitted by you and there are no outstanding items
- **Physician Organization Action Items:** Issue and post all event related payments

5 → Event Info at a Glance

- Displays the confirmed speaker(s), event date and venue

MY DASHBOARD

My Dashboard							Required Documents	Payment Status
1 Cancel / Modify Event Info	2 Request Date	3 Full Event Details	4 My Action Item(s)	4 Event Status	5 Event Info At-a-Glance	7 Final Attendance	6 Required Documents	8 Payment Status
<div>Cancel 1A</div> <div>Modify 1B</div>	2018/6/25		N/A	Under Review	TestSpeaker, TestLast / test			

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

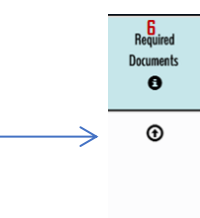
6 → Required Documents

- For each completed event, please submit the completed evaluation forms and sign-in sheets within 5 business days after the event date. The speaker agreement form and any other pertinent documents are optional. Please note that the physician organization will issue the honoraria once the required materials are submitted

Submission Options:

- Upload the completed forms through your dashboard by clicking the upload icon
- Email the completed forms to amgen@ccpdhm.com
- Fax the completed forms to 416-977-8020 or Toll-Free: 1-800-238-5335
- Mail the completed forms to: CHRC c/o AMGEN CPD 200-259 Yorkland Rd, North York, ON, M2J 0B5

To upload the files in your dashboard, click the upload icon



Click on the "Choose File" button and double click on the appropriate document from your desktop

Upload Required Documents

Evaluation Form

Choose File

Sign In Sheet

Choose File

Speaker Agreement Form

Choose File

Additional Other Documents

Choose File

Click the "Close" button once you have uploaded the required documents

Close

MY DASHBOARD

My Dashboard

							Required Documents	Payment Status
1 Cancel / Modify Event Info ⓘ	2 Request Date	3 Full Event Details	4 My Action Item(s)	4 Event Status	5 Event Info At-a-Glance	7 Final Attendance	6 Required Documents ⓘ	8 Payment Status
<div>Cancel 1A</div> <div>Modify 1B</div>	2018/6/25		N/A	Under Review	TestSpeaker,TestLast / , test			

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

7 → Final Attendance

- The final number of attendees for the event will be displayed as a numeric value. The administrator will enter the appropriate value based on the sign-in sheet

8 → Payment Status

- A summary of payments issued by the physician organization for the event

Click on the "Eye" icon to view the table



Payment Status
8 Payment Status

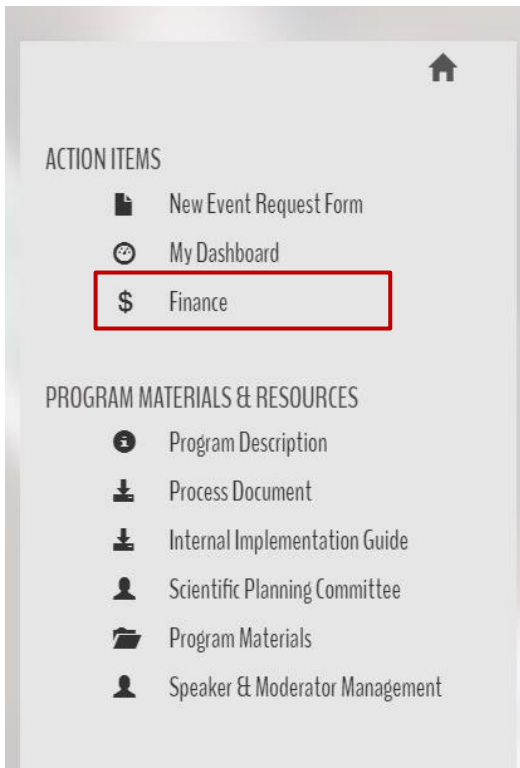
Payment Status	
Speaker:	naln40, walgama40
Amount:	
Method:	Cheque
Date Sent:	
Third Party	
AV Fees	
Venue Fees	
Other Fees	

Click the "Close" button to close the table



Close

FINANCE



- The **"Finance"** page is accessible through the left-hand menu of each program home page under the **ACTION ITEMS** header.
- The dashboard will summarize the payments made by the physician organization for each event
- The overall total for all your events will be displayed at the top of the table
- The amounts will appear within 2-3 weeks after the event takes place

Finance

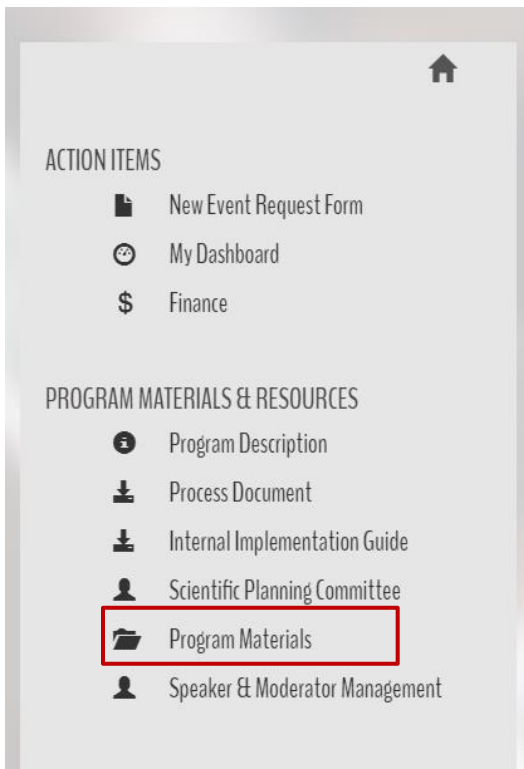
							\$0.00	\$0.00	\$0.00
Event Info At-a-Glance	CFPC	Venue Fees	AV Fees	Speaker Fees	Moderator Fees	Other Fees	Sub-Total	Taxes (Combined)	Event Total
2018/5/3 Mary,Speaker/, SirAman	0	0	0	0	0	0	0	0	0
2018/5/8 Mary,Speaker/Nalin,Moderator aaa	0	0	0	0	0	0	0	0	0

First Previous 1 Next Last

The table will include the following:

- Event info at a glance (date, speaker(s), location)
- CFPC fees and implementation fees
- Venue fees (meals, catering)
- AV fees
- Speaker and Moderator honoraria
- Any other applicable fees (e.g. speaker travel)
- Sub-Total (pre-tax)
- Taxes (combined taxes)
- **Event Total**
- The added sub-totals, taxes and overall total will be displayed at the top of the appropriate column

PROGRAM MATERIALS



- The “**Program Materials**” page is accessible through the left-hand menu of each program home page under the **PROGRAM MATERIALS AND RESOURCES** header. The Invitation templates may also be downloaded from the home page
- The Invitations, Certificate of Attendance and the Sign-In Sheet are available as dynamic pdf. documents. The Evaluation Form is auto-generated based on the details you enter in the fields. **Please ensure that you “enable cookies” in your browser for this resource centre**
- **To retain the form formatting, please save the pdf. file to your desktop after you download it**
- **Important reminder:** Please note that neither you nor the speaker can make any changes to the approved program (slide deck/materials). The program must be delivered exactly as approved by the CFPC.

Program Materials

Please click on the section header below to expand and see the available materials. All materials must be downloaded from this section.

Important Reminder:

- Please note that you cannot not make any changes to the approved program (slides/materials). The program must be delivered exactly as approved by the CFPC.

[Invitations](#)

[Evaluation Form](#)

[Certificate of Attendance](#)

[Sign-In Sheet](#)

PROGRAM MATERIALS - INVITATIONS

Program Materials

Please click on the section header below to expand and see the available materials. All materials must be downloaded from this section.

Important Reminder:

- Please note that you cannot not make any changes to the approved program (slides/materials). The program must be delivered exactly as approved by the CFPC.

[Invitations](#)

Click on the "Invitations" header to expand the section and view the available materials

1 Invitation Template (National Certification Statement)

To be used prior to Regional Ethics Review Submission

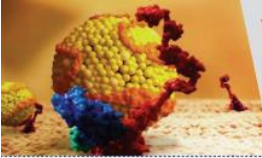
Click to download the dynamic pdf. document

Invitation Template (Regional Accreditation Statement)

To be used ONLY once the program has been approved by the regional provincial chapter

1 → Invitation Template (National Certification Statement)

- Click on the link to download the Invitation Template (National Certification Statement)
- Save the document to your desktop
- Complete the applicable fields and print the document
- The National Certification Statement template may be used once your event status is updated to "**Active – Regional Ethics Review Pending**" in your dashboard



YOU ARE INVITED TO JOIN US FOR A CONTEMPORARY AND CLINICALLY RELEVANT EDUCATIONAL ACTIVITY.

This interactive and evidence-based program was developed by leading Canadian experts to address the importance of strict management of low density lipoprotein cholesterol (LDL-C) for patients with atherosclerotic cardiovascular disease as well as provide a timely review of the results of recently completed clinical trials and their applicability to routine clinical practice.

Join us for a group learning session

Date:

Enter the event date – e.g. Thursday, July 12, 2018

Location:

Enter the event location – e.g. Venue name and address

Program Start Time:

Enter the event start time

Program End Time:

Enter the event end time – please ensure that the program duration corresponds to the selected modules

*Meal to follow the presentation

Speaker (s):

Enter the event speaker(s) and include salutations

RSVP:

Enter your name and contact information (phone and email)

AGENDA

The following modules will be presented:

☐ New Horizons in Dyslipidemia Management in Primary Care

☐ Case 1: - Diabetes & Cardiovascular Disease

☐ Case 2: - LDL-C: How Low Do You Go?

☐ Case 3: - ASCVD with Multiple CV Risk Factors

☐ Case 4: - Familial Hypercholesterolemia

LEARNING OBJECTIVES

Upon completion of this activity, participants will be able to:

▪ Discuss the role of LDL-C lowering in cardiovascular risk reduction with emphasis on the results of recently completed clinical trials


▪ Evaluate recommendations for lipid lowering agents beyond or in addition to statin therapy for patients with atherosclerotic cardiovascular disease

▪ Explain the mechanism of action of proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors and apply the latest clinical data to patient management strategies

▪ Apply best guideline practice recommendations into routine clinical practice based on specific patient characteristics

This Group Learning program has been reviewed by the College of Family Physicians of Canada and is awaiting final certification by the College's

This program has received an educational grant and in-kind support from Amgen Canada



Check all applicable boxes identifying which modules will be presented at the scheduled event

Enter the applicable provincial CFPC chapter – host province.
Type in the Province e.g. **Ontario** and the word **Chapter**
Should appear as:
Ontario Chapter

GUPROGRAM MATERIALS - INVITATIONS

Program Materials

Please click on the section header below to expand and see the available materials. All materials must be downloaded from this section.

Important Reminder:

- Please note that you cannot not make any changes to the approved program (slides/materials). The program must be delivered exactly as approved by the CFPC.

[Invitations](#) ← Click on the "Invitations" header to expand the section and view the available materials

[Invitation Template \(National Certification Statement\)](#)

To be used prior to Regional Ethics Review Submission

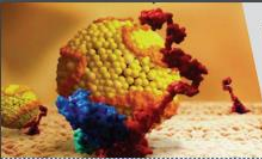
2 [Invitation Template \(Regional Accreditation Statement\)](#) ← Click to download the dynamic pdf. document

To be used ONLY once the program has been approved by the regional provincial chapter

2 → Invitation Template (Regional Accreditation Statement)

- Click on the link to download the Invitation Template (Regional Certification Statement)
- Save the document to your desktop
- Complete the applicable fields and print the document
- The Regional Certification Statement template may be used once your event status is updated to "**Active – Regional Ethics Approved**" in your dashboard

Check all applicable boxes identifying which modules will be presented at the scheduled event



YOU ARE INVITED TO JOIN US FOR A CONTEMPORARY AND CLINICALLY RELEVANT EDUCATIONAL ACTIVITY.

This interactive and evidence-based program was developed by leading Canadian experts to address the importance of strict management of low density lipoprotein cholesterol (LDL-C) for patients with atherosclerotic cardiovascular disease as well as provide a timely review of the results of recently completed clinical trials and their applicability to routine clinical practice.

Join us for a group learning session

Date: Enter the event date – e.g. Thursday, July 12, 2018

Location: Enter the event location – e.g. Venue name and address

Program Start Time: Enter the event start time

Program End Time: Enter the event end time - *please ensure that the program duration corresponds to the selected modules*

*Meal to follow the presentation

Speaker (s): Enter the event speaker(s) and include salutations

RSVP: Enter your name and contact information (phone and email)

AGENDA

The following modules will be presented:

☐ **New Horizons in Dyslipidemia Management in Primary Care**

☐ **Case 1: - Diabetes & Cardiovascular Disease**

☐ **Case 2: - LDL-C: How Low Do You Go?**

☐ **Case 3: - ASCVD with Multiple CV Risk Factors**

☐ **Case 4: - Familial Hypercholesterolemia**


LEARNING OBJECTIVES

Upon completion of this activity, participants will be able to:

- Discuss the role of LDL-C lowering in cardiovascular risk reduction with emphasis on the results of recently completed clinical trials
- Evaluate recommendations for lipid lowering agents beyond or in addition to statin therapy for patients with atherosclerotic cardiovascular disease
- Explain the mechanism of action of proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors and apply the latest clinical data to patient management strategies
- Apply best guideline practice recommendations into routine clinical practice based on specific patient characteristics

This one-credit per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Chapter for up to 1.0 Mainpro+ credits.

This program has received an educational grant and in-kind support from Amgen Canada



Enter the number of Mainpro+ credits applicable to the event (0.5-3.0). The Mainpro+ credit value corresponds to the sum of the selected modules

- Core Deck: 1.0 Mainpro+ Credits
- Case 1: 0.5 Mainpro+ Credits
- Case 2: 0.5 Mainpro+ Credits
- Case 3: 0.5 Mainpro+ Credits
- Case 4: 0.5 Mainpro+ Credits

Enter the applicable provincial CFPC chapter that approved the ethics review for the event – Type in the Province e.g. Ontario

PROGRAM MATERIALS – EVALUATION FORM

Program Materials

Please click on the section header below to expand and see the available materials. All materials must be downloaded from this section.

Important Reminder:

- Please note that you cannot not make any changes to the approved program (slides/materials). The program must be delivered exactly as approved by the CFPC.

[Invitations](#)

[Evaluation Form](#)

← Click on the "Evaluation Form" header to expand the section

Program Date:	Enter the event date – e.g. Thursday, July 12, 2018
Program Location:	Enter the event location (venue) and the city and province
Speaker 1:	Enter the speaker's name and salutation
Speaker 2:	Enter an additional speaker / moderator's name if applicable

Modules to be presented. Please select all that apply

The learning objectives for the corresponding slide deck and the speaker names will be auto-generated

- ☐ New Horizons in Dyslipidemia Management in Primary Care Core Deck
- ☐ Case 1: Diabetes & Cardiovascular Disease
- ☐ Case 2: LDL-C: How Low Do You Go?
- ☐ Case 3: ASCVD with Multiple CV Risk Factors
- ☐ Case 4: Familial Hypercholesterolemia

Check all applicable boxes identifying which modules will be presented at the scheduled event. The corresponding learning objectives will be auto-populated.

SUBMIT

← Click the "Submit" button to auto-generate the evaluation form

Evaluation Form - Please remember that collecting results and feedback of the program helps us all in planning for future programs or updates.

- To simplify the evaluation form process, we have created a tool to auto-generate the evaluation form specific to each event. The fields and the learning objectives specific to each module will be auto-populated once you submit the form details.
- Please generate the evaluation form for the event following the instructions above.
- Print enough copies of the evaluation form for the confirmed participants and a few extras and distribute them to the participants at the start of your event.
- **Please note that the participants must complete the evaluation forms for each event and that you must submit the completed forms to the physician organization within 5 days after the event date. Please note that the physician organization will issue the honoraria once the required materials are submitted**

Evaluation Form - Submission Options:

1. Upload the completed forms through **your dashboard** by clicking the upload icon
2. Email the completed forms to amgen@ccpdhm.com
3. Fax the completed forms to 416-977-8020 or Toll-Free: 1-800-238-5335
4. Mail the completed forms to: CHRC c/o AMGEN CPD 200-259 Yorkland Rd, North York, ON, M2J 0B5

PROGRAM MATERIALS – CERTIFICATE OF ATTENDANCE

Program Materials

Please click on the section header below to expand and see the available materials. All materials must be downloaded from this section.

Important Reminder:

- Please note that you cannot not make any changes to the approved program (slides/materials). The program must be delivered exactly as approved by the CFPC.

[Invitations](#)

[Evaluation Form](#)

[Certificate of Attendance](#)

Click on the "Certificate of Attendance" header to expand the section

[!\[\]\(3cb60d42b10e53f9522bb0b392c1c4cd_img.jpg\) Certificate of Attendance](#)

Click to download the dynamic pdf. document

Certificate of Attendance

- Click on the link to download the Certificate of Attendance
- Save the document to your desktop
- Complete the applicable fields and print the document. Print enough copies of the certificates for the confirmed participants and a few extras.
- Once the participants hand in their completed evaluation forms, you may provide them with the certificate of attendance



Certificate of Attendance

Continuing Professional Development

This is to certify that

_____ has completed the Continuing Professional Development program entitled:

New Horizons in Dyslipidemia Management in Primary Care

CERT+ Session ID# 187765-

Enter the event date

Enter the venue, City and Province

Credits for Family Physicians:

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the _____ for up to _____ Mainpro+ credits.

This program has received an educational grant and in-kind support from Amgen Canada

Claiming your credits: Please submit your credits for this activity online at www.cfpc.ca/login.

Please retain proof of your participation for six (6) years in case you are selected to participate in credit validation or auditing.

Enter the applicable provincial CFPC chapter that approved the ethics review for the event –
Type in the Province e.g. **Ontario**

Enter the number of Mainpro+ credits applicable to the event (0.5-3.0). The Mainpro+ credit value corresponds to the sum of the selected modules

You may leave this field blank for the participants to self-complete or you may enter the name of each participant if known. Please print a few extra copies.

Enter the last two - three digits of the Session ID – It is mandatory that you enter the Session ID as that is how physicians upload their credits (by searching by session id on a drop-down menu with the CFPC Cert+).

The Session ID will be emailed to you once the status of your event changes to "Active-Regional Ethics Approved"

e.g. The Session ID# should appear at 187765-01

PROGRAM MATERIALS – SIGN-IN SHEET

Program Materials

Please click on the section header below to expand and see the available materials. All materials must be downloaded from this section.

Important Reminder:

- Please note that you cannot not make any changes to the approved program (slides/materials). The program must be delivered exactly as approved by the CFPC.

[Invitations](#)

[Evaluation Form](#)

[Certificate of Attendance](#)

[Sign-In Sheet](#)



Click on the "Sign-In Sheet" header to expand the section



[Sign-In Sheet](#)



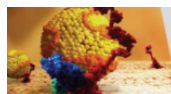
Click to download the dynamic pdf. document

Sign-In Sheet

- Click on the link to download the Sign-In Sheet
- Save the document to your desktop
- Complete the applicable fields and print the document
- Please ensure that all participants sign-in at the start of the event
- **Please note that that you must submit the completed sign-in sheet to the physician organization within 5 days after the event date.**
Please note that the physician organization will issue the honoraria once the required materials are submitted

Sign-In - Submission Options:

1. Upload the completed forms through **your dashboard** by clicking the upload icon
2. Email the completed forms to amgen@ccpdhm.com
3. Fax the completed forms to 416-977-8020 or Toll-Free: 1-800-238-5335
4. Mail the completed forms to: CHRC c/o AMGEN CPD 200-259 Yorkland Rd, North York, ON, M2J 0B5



187765 -

New Horizons in Dyslipidemia Management in Primary Care

SESSION SIGN IN SHEET

Program Date: Enter the event date City, Province: Enter the City and the Province

Speaker (s): Enter the Speaker(s) and Salutations

Name	Email	Specialty	Signature

Enter the last two - three digits of the Session ID. The Session ID will be emailed to you once the status of your event changes to "Active-Regional Ethics Approved"

e.g. The Session ID# should appear at 187765-01

You may leave these fields blank for the participants to self-complete or you may enter the name of each participant if known.

Please note that the document generates as two pages. Complete the applicable fields on both page is required. There are 10 rows per page.

SPEAKER & MODERATOR MANAGEMENT



- The “**Speaker & Moderator Management**” page is accessible through the left-hand menu of each program home page under the **PROGRAM MATERIALS & RESOURCES** header.
- You will be able to view the list of all physicians that have been invited to register as a potential speaker by the physician organization (both CV and Bone Health therapeutic areas). The listed physician names are available in the drop-down menu in the “**New Event Request Form**”.
- You can submit a request for a new Speaker / Moderator if his or her name is not listed in the database. Please ensure that you search the database prior to making the request.

Speaker & Moderator Management:

+ New Speaker / Moderator Request Form

Please Note:

Prior to requesting a new speaker and/or moderator to be added, please search the database to ensure that the name is not already included in the master list. You may search by entering the last name in the white bar in the last name column and pressing enter or you can sort the list alphabetically by clicking on the arrow in the column header.

Speaker Agreement Form:







Please download the [Speaker Agreement Form](#)

Please note that you will be required to download the speaker agreement form prior to each event. The selected speaker is required to complete the form.

Please upload the completed form for each event in your dashboard after the event date.

Speaker / Moderator List										
Speaker Info	FirstName	LastName	Province	Status	COI Slides	Phone	Specialty	Upcoming Programs	Completed Programs	Payment
	<input type="text" value="Search FirstName"/>	<input type="text" value="Search LastName"/>								
	edited14	edited24	ON	Pending Approval			CV			
	food	food2	ON	Approved			CV			
	Speaker1	last1	ON	Approved		1231231234	CV			
	Mod	King	ON	Approved						

SPEAKER & MODERATOR MANAGEMENT

Speaker / Moderator List										
Speaker Info	FirstName	LastName	Province	Status	COI Slides	Phone	Specialty	Upcoming Programs	Completed Programs	Payment
	<input type="text" value="Search FirstName"/>	<input type="text" value="Search LastName"/>								
	edited14	edited24	ON	Pending Approval			CV	Displays the number of upcoming events for which the physician is scheduled	Displays the number of events completed by the physician	
	food	food2	ON	Approved			CV			

Click on the icon to view the corresponding physician's contact details

You can search for a specific physician by typing in either their first **or** last name in the search bar.

To clear the search, delete your entry by pressing the back of "del" key

Click to download the physician's individual COI slides if available

Click on the icon to view the summary of all payments issued to the physician to date

Lists the status of the physician. You will only be able to select approved physicians when completing the "New Event Registration Form"

Requesting a New Speaker / Moderator

Speaker & Moderator Management:

+ New Speaker / Moderator Request Form

Please Note:
Prior to requesting a new speaker and/or moderator to be added, please search the database to ensure that the name is not already included in the master list. You may search by entering the last name in the white bar in the last name column and pressing enter or you can sort the list alphabetically by clicking on the arrow in the column header.

Please ensure that you checked the existing database for the speaker's name

Click on the "+" icon to open the form.

Complete the form below and click the "SUBMIT" button.

Please note that an email address is required.

The physician organization will review the request within 24-48 hours. Approved speakers will be invited by the physician organization.

You may view the status of the request in the "Status" column.

Once the status changes to "Approved" you will be able to select the speaker's name from the drop-down menu in the "New Event Request Form".

If the physician declines the invitation, the status will be changed to "Declined"

Click the "Close" button if you do not want to proceed with the request

Form Fields:

New Speaker / Moderator

Please complete the fields below

First Name

Last Name

Specialty

Clinic Name

Address

City

Province

TherapeuticID

Postal Code

Phone

Fax

Email Address

Comments:

SUBMIT

Close

SPEAKER RESOURCE PORTAL - FYI

- Please note that all approved physicians have been invited to participate as potential speakers and asked to register for their individual “Speaker Resource Portals”
- As the first step, the physicians are asked to complete and upload the applicable COI form and complete the Payee Form.
- The physician organization transfers the information from the COI form to the disclosure slides. The physician can then easily download their disclosure slides and easily insert them prior to their presentation
- The physician selected as a speaker in the “New Event Registration Form” receives an email once the form is submitted. The form includes all the pertinent event details, lists any outstanding items for the physician to complete and asks for a confirmation of availability
- The program materials / slides become accessible once the physician accepts an invitation and confirms a date for at least one regional event
- Instructions for downloading the appropriate presentation modules as well as disclosure slides are provided in the resource centre
- All upcoming events for which the physician is confirmed as a speaker as well as the event details-at-a-glance are listed under the “MY SESSIONS” header

Speaker Resource Portal
Welcome Dr. TestSpeaker TestLast

ACTION ITEMS

- ✓ COI Form
- ✓ Payee Form

PROGRAM MATERIALS – New Horizons in Dyslipidemia Management in Primary Care

- Program Description
- Speaker Responsibilities
- Scientific Planning Committee

MY SESSIONS:

Dear Colleague,

Welcome to your Speaker Resource Portal.

On behalf of the Scientific Planning Committee, the Canadian Heart Research Centre, the Canadian Centre for Professional Development in Health and Medicine and Amgen Canada, thank you for your contribution to this program. We are confident that this certified program will be well received and of value to your colleagues. Please visit the Next Steps section below to get started.

Please Note:

- As per the CPDC guidelines for certified programs, you are required to use the presentation slides from this site and are not permitted to make any changes to the program materials/slides.
- Once you upload your completed Conflict of Interest (COI) Form, a member of our team will create your personalized COI slides which you will be able to download in the left-hand menu “My COI Slides”. Your personalized COI slides must be inserted into the presentation and shown to the program participants during each program for which you are a speaker or a moderator.
- The Program Materials link will be activated in the left-hand menu once you have confirmed your availability for at least one regional event. You will receive an email from info@ccpdhm.com requesting your availability for the regional event(s).
- You will be responsible for downloading the appropriate program materials, saving them to your desktop or a USB stick and bringing them with you to your scheduled event date
- If you have any AV or other requirements, please do not hesitate to contact us prior to your event at info@ccpdhm.com

Should you have any questions about this portal or the program content, please do not hesitate to contact our team at 416-977-8010 ext. 296 or 347 (1-800-725-6585) or via email at info@ccpdhm.com

Should you have any questions about the logistical details of your regional session, please contact your local Amgen representative.

We look forward to collaborating with you and to your feedback.

With best regards,

The CHRC & CCPDHM Team
On behalf of the Scientific Planning Committee

NEXT STEPS

COI Form:

1. Download the [COI Form](#)
2. Save it to your desktop
3. Complete the COI Form
4. **Submit the Completed Form**
 - Upload the completed form [Here](#) *OR*
 - Email the completed form to info@ccpdhm.com *OR*
 - Fax the completed form to 416-977-8020 or Toll-Free: 1-800-238-5335

Payee Form:

1. Complete the [Payee Form](#)