SAMPLE SPEAKER CONFIRMATION LETTER

<Date>

Dear <Name>:

Thank you for agreeing to serve as an author/presenter/speaker at our upcoming CME activity, <title of activity>, to be held <date> at <location>. Your presentation on <title of presentation> is scheduled to begin at <time>. As we discussed, your presentation should be <time length> to be followed by a <time length> period for audience questions.

Your audience primarily will be composed of <specialty> physicians from <geographic location>. The planning committee for this CME activity has developed the following objectives for the content of your presentation:

<Insert objectives>

If you have any questions concerning the committee's expectations or feel that these objectives should be refined in any way, please contact us no later than <deadline date>.

lf clinical presentation, insert the following section

<Name of accredited provider> expects that:

1. All the recommendations involving clinical medicine in this activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in this activity in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If your CME educational content includes trade names, trade names from several companies should be used where available, not just the names from a single company.

As an accredited CME provider, <name of accredited provider> requires that its speakers comply with the ACCME Standards for Commercial Support. <Name of accredited provider> has implemented a process where everyone who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship you may have, this will need to be resolved prior to the activity. In order to do this, please complete the enclosed disclosure statement and return it to us by <insert date>. This information is necessary in order for us to be able to move to the next steps in planning this CME activity. If you refuse to disclose relevant financial relationships, you will be disqualified from being a part of the planning and presentation of this CME activity.

*Include any of the applicable items in the next section*

We will need the following materials from you no later than <date>:

* Completed disclosure of relevant financial relationships form
* A copy of your handout materials, bibliographies, etc. for our program syllabus
* A copy of your curriculum vitae
* Audio visual or other conference set-up requirements you will need for your presentation

As we agreed, your honorarium of $ plus travel expenses will be paid upon submission of the enclosed expense form. If you have questions or if we can be of assistance to you in any way, please contact me at<phone>.

Sincerely,

<Your Name>