**SERIES TITLE**

**Jointly Provided by Joint Provider and Rutgers Biomedical and Health Sciences**

***Session Title***

**Location**

**Date and Time**

**Speaker(s) Name(s), Degree(s)**

**Speaker(s) Title(s) & Affiliation(s)**

**Objectives**

At the conclusion of this activity, participants should be better able to:

* Objective 1
* Objective 2
* Objective 3

**Target Audience**

This activity is designed for learner population (physician specialties and professions) for whom this activity is designed.

*Example: This activity is designed for gastroenterologists, internists, advanced practice nurses, physician assistants, nurses, fellows, and residents involved in the management of patients with gastrointestinal disorders.*

**Accreditation**

|  |  |
| --- | --- |
| http://jointaccreditation.org/sites/default/files/Jointly%20Accredited%20Provider%20TM.jpg | In support of improving patient care, this activity has been planned and implemented by Rutgers Biomedical and Health Sciences and Joint Provider. Rutgers Biomedical and Health Sciences is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. |

**Physicians:** Rutgers Biomedical and Health Sciences designates this live activity for a maximum of # *AMA PRA Category 1 Credit(*s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Nurses:** This activity is awarded # contact hours. (60 minute CH) *delete section if not applicable*

**Pharmacists:** This knowledge-based activity qualifies for # contact hours (# CEUs) of continuing pharmacy education credit. *delete section if not applicable*

**Disclosure Declarations**

Speaker Name has disclosed the following relevant financial relationship(s): nature of relationship: company(ies); nature of relationship: company(ies)

*Example: Dr. Smith has disclosed the following relevant financial relationships: Consultant: Pfizer; Speakers’ Bureau: Novartis Pharmaceuticals.*

*AND/OR*

Speaker(s) Name(s) has(have) no relevant financial relationships to disclose.

Speakers are required to disclose discussion of off-label/investigational uses of commercial products/devices in their presentation. These disclosures will be made to the audience at the time of the activity.

**Planning Committee:** Planning Committee Member Name has disclosed the following relevant financial relationship(s): nature of relationship: company(ies); nature of relationship: company(ies)

*AND/OR*

Planning Committee Member Name(s) has(have) no relevant financial relationships to disclose.

*Activity Director(s) and Content Reviewer(s) must be included in the Planning Committee listing. Content Reviewer(s) must be identified as such, e.g., Dr. Smith, Dr. Jones (Content Reviewer) has no relevant financial relationships to disclose.*

**Commercial Support** *delete section if not applicable*

This session is supported by an educational grant from Commercial Supporter.