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|  | PROGRAM/SPEAKER INFORMATION FORMNote: this form is optional if the information is submitted elsewhere. |
| *Program Number:*  |
| *Program Title:* *Clinical Mass Spectrometry for Beginners* |
| *Date: Contact Hours:* *Location:*  |
| *P.A.C.E.® Provider:* |
| *Format: (Lecture, slides, discussion group, live webinar, archived webinar, Computer-Driven Instruction, etc.)* |
| *Speaker Name, Credentials, and Affiliation: List your name and credentials, as they should appear in the program.* *William Clarke, PhD, MBA, DABCC. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *List your professional affiliation, as it should appear in the program:**The Johns Hopkins University School of Medicine* |
| *The moderator or speaker will disclose to the audience any conflict of interest regarding the topic being presented.*  |
| *­Description of Session: Limit to 50 words. Type or print, being as specific as possible about learning to take place.* |
| *Level of Instruction:* ***BASIC INTERMEDIATE ADVANCED*** *(Circle one)****BASIC:*** *Entry level; no prior knowledge of subject necessary to attend this program;* ***INTERMEDIATE:*** *Refresher course; some basic knowledge required;* ***ADVANCED:*** *Highly technical; for those with at least five years of experience in a specialty area.**PROGRAM OBJECTIVES (Please list three. May be continued with an attachment)**At the end of the session, the participant will be able to:* |
| *1.* Discuss the utility of mass spectrometry in the clinical laboratory |
| *2.* Describe the process of LC-MS for clinical analyses |
| *3.* List the advantages and disadvantages of clinical LC-MS |
| *PROGRAM TIME TABLE* |
| *Begin time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *Break(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *CONTACT HOURS PROPOSED: \_\_\_\_\_\_\_\_\_* | *CONTACT HOURS: \_\_\_\_\_\_\_\_ per Committee (for Office Use Only)* |

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|  | Professional Acknowledgment for Continuing EducationSPEAKER INFORMATION FORM Not all blanks need to be completed. |

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| Name:William Clarke |
| Current Position:Associate Professor of Pathology; Director, Clinical Toxicology |
| Business Address:1800 Orleans Street; Sheikh Zayed Tower B-1020F |
| City, State, Zip:Baltimore, MD 21287 |
| Phone: Fax: Email:410-502-7692 wclarke@jhmi.edu |
| Area of expertise:Toxicology, POCT, mass spectrometry |
| Credentials:PhD, MBA, DABCC |
| Certifications/Agency:American Board of Clinical Chemistry; Certification in Clinical Chemistry |
| Relevant Experience pertaining to the topic to be presented (papers, presentations, publications): |
| Information for a Program Introduction: |

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