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|  | PROGRAM/SPEAKER INFORMATION FORM  Note: 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 Education  SPEAKER 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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