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|  | PROGRAM/SPEAKER INFORMATION FORMNote: this form is optional if the information is submitted elsewhere. |
| *Program Number: 225-315-18* |
| *Program Title:*  |
| *Date: March 15,2018 Contact Hours: 1.0**Location: Thomas Jefferson University Hospital, Jefferson Alumni Hall 1020 Locust St Philadelphia PA 19107* |
| *P.A.C.E.® Provider:**KEYPOCC* |
| *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.*  Stephen C. Peiper, M.D. *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *List your professional affiliation, as it should appear in the program:**Thomas Jefferson University Hospital, Jefferson Health, Philadelphia, PA* |
| *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.*  |
| *2.*  |
| *3.* |
| *PROGRAM TIME TABLE* |
| *Begin time\_9:15am\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End time\_\_10:15am\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *Break(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *CONTACT HOURS PROPOSED: \_\_\_\_\_\_\_* | *CONTACT HOURS: \_\_1.0\_\_\_ 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: Stephen C. Peiper, M.D. |
| Current Position:Peter A. Herbut Professor and Chair, Pathology, Anatomy and Cell BiologySenior Vice President Enterprise Pathology & Laboratory Services*Thomas Jefferson University Hospital, Jefferson Health, Philadelphia, PA* |
| Business Address: |
| City, State, Zip: |
| Phone: Fax: Email:215-955-5060 Stephen.Peiper@jefferson.edu |
| Area of expertise: |
| Credentials: |
| Certifications/Agency: |
| Relevant Experience pertaining to the topic to be presented (papers, presentations, publications): |
| Information for a Program Introduction: |

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