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|  | PROGRAM/SPEAKER INFORMATION FORM  Note: 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 Education  SPEAKER 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 Biology  Senior 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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