

# VRFP

Veterans Research Foundation of  
Pittsburgh  
University Drive C (151)  
Pittsburgh, PA 15240  
(412) 360-2403

# Education Intake Form

<b>Organizer</b>		<b>Event Name</b>	
<b>Telephone</b>		<b>Event Date</b>	
<b>Fax</b>		<b>Event Type</b>	<input type="checkbox"/> Research <input type="checkbox"/> Education
<b>Email</b>		<b>CME Hours</b>	<input type="checkbox"/> Yes (Contact VISN 4 Education Network) <input type="checkbox"/> No # Hours:
<b>Mail Stop/ VA Location</b>		<b>Date Submitted</b>	

## Event Details

*In addition to completing the information below, please complete page 2 of this form, which requires an outline of the Program objectives, content descriptions, and speaker information.*

<b>1</b>	<b>Location of Event</b> (VA location, conference facility, etc.)	
<b>2</b>	<b>Target Audience</b>	VA Faculty/Staff: <input type="checkbox"/> MD's/PhD's <input type="checkbox"/> NP's <input type="checkbox"/> RN's <input type="checkbox"/> Pharmacy <input type="checkbox"/> VA Employees <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other
<b>3</b>	<b>Anticipated # participants</b> (Attendance sheet must be sent to VRFP following event)	
<b>4</b>	<b>Is this a new event?</b> (If yes, skip to #6)	
<b>5</b>	<b>History of event</b>	
<b>6</b>	<b>Joint sponsors, if any</b> (Requires letter of agreement)	
<b>7</b>	<b>Exhibitors, if any</b> (attach list if necessary)	
<b>8</b>	<b>Funding Sources</b> (Include \$ on attached Budget—must indicate any restrictions)	<input type="checkbox"/> Sponsorship <input type="checkbox"/> Registration <input type="checkbox"/> Exhibitors (VA negotiates w/vendors) <input type="checkbox"/> VRFP Account _____ <input type="checkbox"/> Other _____
<b>9</b>	<b>Required Attachments</b>	<input type="checkbox"/> Budget <input type="checkbox"/> Speaker CV/Bios # ____ <input type="checkbox"/> Signed Disclosure Form(s) # ____ <input type="checkbox"/> Agenda <input type="checkbox"/> Other Attendee list, VRFP Approval Email
<b>10</b>	<b>Other Applicable Attachments</b>	<input type="checkbox"/> Facility Contract <input type="checkbox"/> Exhibitor List <input type="checkbox"/> Letter of Agreement <input type="checkbox"/> Registration Worksheet <input type="checkbox"/> Other _____

**Program Description**

1. **Learning Method:** Lecture Workshop Conference Other \_\_\_\_\_

2. **Content.** Please provide a description of the program content. An agenda must be attached to this Intake Form. If agenda has not been finalized, include a draft that outlines the general planned time and schedule e.g., “Speaker,” “Lunch,” “Workshop.”

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3. **Objectives.** Please list objectives of the program, highlighting the desired outcomes of the activity in terms of knowledge, skills, and attitudes based on the identified educational needs.

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4. **Speaker information.** In addition to the information below, a bio or CV for each outside presenter is required to be attached to this intake form.

Speaker	Speaker Title	Topic

5. **Disclosure Form / Conflict of Interest Policy.** Each presenter is required to complete a disclosure form relative to commercial associations whether or not they actually have a relationship with a commercial company or sponsor. This form is available through VRFP.

6. **Other.** Please include any other information that may be useful for VRFP when considering this event for approval.

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**For Office Use Only:**

**Date Referred to Education Office:** \_\_\_\_\_

**Recommendation:**

- Approved
- Disapproved

\_\_\_\_\_  
ACOS/Education, VAPHS

\_\_\_\_\_  
Date

- Approved
- Disapproved

\_\_\_\_\_  
Executive Director, VRFP

\_\_\_\_\_  
Date

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