**Title**

Location | Time

# <Date>

<Title of Lecture>

<Speaker, Title>

<Speaker Organization and Location>

**<Date>**

<Title of Lecture>

<Speaker, Title>

<Speaker Organization and Location

**<Date>**

<Title of Lecture>

<Speaker, Title>

<Speaker Organization and Location>

**<Date>**

<Title of Lecture>

<Speaker, Title>

<Speaker Organization and Location>

**Objectives:**

* One
* Two
* Three

**Target Audience:**

**<Registration Info> (if applicable)**

## Commercial Support: (if applicable)

**Disclosure:** The planner(s) and speaker(s) have indicated that there are no relevant financial relationships with any ineligible companies to disclose.

## Accreditation Statement:

In support of improving patient care, Advocate Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

## Credit Statement(s):

**Accreditation Council for Pharmacy Education (ACPE):** Advocate Health designates this (live/enduring) activity for a maximum of (x) hours of CPE credit for (pharmacists and pharmacy technicians). CPE credit can be claimed on the AAH CE platform within 60 days of activity completion and information will be provided to CPE Monitor. Participants should only claim credit commensurate with the extent of their participation in the activity.

**American Medical Association (AMA):** Advocate Health designates this (live/enduring) activity for a maximum of (x) *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**American Nurses Credentialing Center (ANCC):** Advocate Health designates this (live/enduring) activity for a maximum of (X.X) ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Created by NAME Created DATE Revised DATE Post until DATE (if applicable)