

AOCD POSTER EXHIBITS

Poster Exhibits: Poster exhibits present scientific information utilizing narrative material, photographs, charts, diagrams, etc. During the resident's **second year** of training, the resident must submit a poster at the Spring AOCD meeting. This poster must be an individual submission, not a group project. Material derived from the work of others must be appropriately referenced.

Submission Guidelines

- Posters should be submitted with the following accompanying materials: Poster submission form, permission/copyright consent, meeting faculty disclosure statement completed by the poster author, written abstract summarizing poster content.
- Abstract guidelines: Abstracts should be no longer than 500 words. Handwritten, incomplete, or late entries cannot be accepted. There will be NO exceptions. Abstracts should be organized, coherent, well-thought-out and complete for presentation. Absolutely no changes may be made in the abstract after submission. For instance, no change in authors, title, category, content or spelling will be allowed. If a change is required for scientific or academic accuracy, the poster submission should be withdrawn.
- Avoidance of Commercialism. All poster exhibits must avoid commercialism. No trade names should be used for drugs, devices and/or instrumentation, including lasers. Any medications or other substances referred to in the presentation material must be identified by their scientific names only. In addition, poster exhibits, the cost of which is underwritten to any extent by a pharmaceutical company or other commercial enterprise, should include a clear acknowledgment stating that a portion of its cost was underwritten and identifying the particular commercial company involved.
- Trade name violations or failure to disclose commercial support will result in below average and unsatisfactory grades.

Posters will be deemed unapproved for any of the following reasons:

- Trade Name Violations/Commercialism – Refer to the Submission Guidelines above for detailed information.
- Briefly Stated/Incomplete Studies – Abstracts which contain no data or appear to be promissory in nature.
- Multiple Abstracts – Studies utilizing the same data set which examine the same drug or device over the same time period should be condensed into one presentation. Multiple submissions of this type are not acceptable.
- Poor Presentation – Abstracts which contain vague, disorganized, or unclear content or numerous grammatical or spelling errors.

Categories for Presentation

- Acne
- Aging/Geriatrics
- Arts, History, & Humanities of Dermatology
- Basic Science
- Clinical Dermatology & Other
- Cutaneous Disorders
- Connective Tissue Diseases
- Dermatitis, Contact, Allergic & Irritant
- Dermatitis, Atopic
- Dermatopathology
- Dermatopharmacology/Cosmeceuticals
- Digital/Electronic Technology
- Education & Community Service
- Epidemiology & Health Services
- Administration
- Genodermatoses
- Hair & Nail Disorders
- Immunodermatology & Blistering Disorders
- Infection — Bacterial & Parasitic
- Infection — Fungal
- Infection — Viral, Including AIDS
- Internal Medicine Dermatology
- Lymphoma, Cutaneous/Mycosis Fungoides
- Melanoma & Pigmented Lesions
- Non-melanoma Skin Cancer
- Pediatric Dermatology
- Photobiology Diseases
- Phototherapy & Photosensitivity Diseases
- Pigmentary Disorders& Vitiligo Psoriasis
- Other Papulosquamous Disorders
- Skin Anatomy, Embryology & Physiology
- Surgery — Laser
- Surgery — Cosmetic
- Surgery — Dermatologic
- Wound Healing & Ulcers

AOCD RESIDENT POSTER SUBMISSION FORM

Name: _____

Program Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Please provide a descriptive title: _____

Specify for which audience is the topic most pertinent (please check all that apply):

Resident Dermatologists

Practicing Dermatologists (Private Practice)

Hospital Based Dermatologists

Research or Academics

Physicians Assistants

Nurse Practitioners

Derm Nurses

Physicians Other

Health System and Health Plan Executives

Pharmaceutical & Biotech Manufacturers

Other (please specify) _____

Has this presentation been offered at other conferences? If YES, please detail the date, location and for which one(s).

Copyright Consent

I authorize AOCD to include my poster in its online meeting syllabus hosted on its website, www.aocd.org.

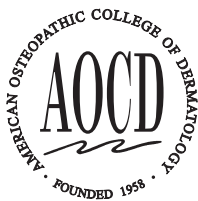
I do not give AOCD permission to include my poster in its online meeting syllabus hosted on its website.

Resident Signature

Date

Program Director Signature

Date



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 PO Box 7525 • Kirksville, MO 63501
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Continuing Education Faculty Disclosure Form
 DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

Name: _____

Address: _____

City, State Zip: _____

Contact Phone: _____ Contact E-mail: _____

Presentation Title: _____

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests – unless the provider of clinical service is owned, or controlled by, and ACCME-defined commercial interest.

Any individual refusing to comply with this policy and/or not disclosing relevant financial relationships on a timely basis (DEFINED AS THE INITIAL INVITATION AND TWO REMINDERS) will not participate in, have control of, or responsibility for, the development, management, presentation, or evaluation of AOCD CME activities.

I have, or an immediate family member has a financial relationship or other affiliation with a proprietary entity producing health care goods or services.

Please check the relationship(s). (Check all that apply)

- Research Grants
 Speakers' Bureaus*
 Ownership
 Consultant for Fee
 Employment
 Stock/Bond Holdings (excluding mutual funds)
 Partnership
 Other (please list on the line below)

Please indicate the names of the organizations with which you or your spouse/significant other have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships please list on separate page:

Organization with which Relationship Exists	Clinical Area Involved	Nature of Relationship
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

- Did you participate in company-provided speaker training related to your proposed topic? Yes No
- Did the company provide you with slides of the presentation in which you were trained as a speaker? Yes No
- Did the company pay the travel/lodging/other expenses? Yes No
- Did you receive an honorarium or consulting fee for participating in this training? Yes No

- Have you received any other type of compensation from any company? Yes No
 Please Specify: _____
- When serving as faculty for the CE Provider, will you use slides provided by a proprietary entity for your presentation/handout materials? Yes No
- Will your topic involve information or data obtained from commercial speaker training? Yes No

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

The content of my material(s)/presentation(s) in the CME activity **will not** include discussion of unapproved or investigational uses of products or devices.

The content of my material(s)/presentation(s) in the CME activity **will** include discussion of unapproved or investigational uses of products or devices. Verbal disclosure will be made during the presentation.

Please specify off-label or investigational use: _____

If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the AOCD to identify a replacement.

Any individual refusing to comply with this policy and/or not disclosing relevant financial relationships on a timely basis (DEFINED AS THE INITIAL INVITATION AND TWO REMINDERS) will not participate in, have control of, or responsibility for, the development, management, presentation, or evaluation of AOCD CME activities.

***Relevant financial relationships are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity, and which relate to the content of the educational activity, causing a conflict of interest.**

Signature: _____ Date: _____

(Electronic Signature accepted: Typed signature with date indicates electronic verification of the information provided.)