**CME PROVIDER INFORMATION (to be submitted by CME Accredditor)**

<table>
<thead>
<tr>
<th>Title of Function</th>
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<tbody>
<tr>
<td>CME Provider</td>
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<tr>
<td>Contact Name</td>
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<tr>
<td>Address</td>
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<td>City</td>
<td>State</td>
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<tr>
<td>Telephone</td>
<td>Fax</td>
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<tr>
<td>Email Address</td>
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**INDUSTRY SUPPORTER INFORMATION**

<table>
<thead>
<tr>
<th>Industry</th>
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<tbody>
<tr>
<td>Contact Name</td>
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INDUSTRY-SUPPORTED SATELLITE SYMPOSIUM APPLICATION

APPLICATION DUE DATE: MARCH 17, 2017

LIAISON CONTACT INFORMATION

One (1) person must be appointed as liaison to the American Headache Society®. We are unable to accept instruction, direction, inquiries or likewise from any person(s), company(ies), or agent(s) other than the person named below.

<table>
<thead>
<tr>
<th>Contact Name</th>
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<tbody>
<tr>
<td>Affiliation</td>
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<tr>
<td>Address</td>
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<td>City</td>
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<td>E-mail address</td>
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</tbody>
</table>

Signature of CME Provider Contact __________________________ Date ________________

Title/Position ___________________________________________

Signature of Liaison __________________________ Date ________________

Title/Position ___________________________________________

NOTIFICATIONS WILL BE EMAILED TO ALL APPLICANTS BY MARCH 31, 2017

SEE APPLICATION COVER LETTER FOR OTHER CRITICAL DATES

Submit application and all required attachments to:
American Headache Society®
INDUSTRY-SUPPORTED SATELLITE SESSION
19 Mantua Road
Mt. Royal, NJ 08061
PHONE (856) 423-0043 - FAX (856) 423-0082
SATELLITE SESSION INFORMATION

SATELLITE SESSION TITLE

______________________________________________________________

CHAIR(S)

______________________________________________________________

SATELLITE SESSION DESCRIPTION (75-words or less)

______________________________________________________________

______________________________________________________________

______________________________________________________________

PROGRAM AGENDA - provide in separate document with the following information
Lecture Time, Lecture Title, Speaker Name

Available Times
Thursday, June 8, 2017 from 12:30 pm – 2:00 pm  SOLD OUT
Thursday, June 8, 2017 from 6:00 pm – 7:30 pm
Friday, June 9, 2017 from 5:30 pm – 7:00 pm
Saturday, June 10, 2017 from 6:30 pm – 8:00 am

Proposed teaching methods (check all that apply):

[ ] lecture  [ ] debate  [ ] slides  [ ] interactive
[ ] hands-on workshop  [ ] panel discussion  [ ] case studies  [ ] other (please explain)

Source of Industry-Supported funding for this program: ________________________________

Will Satellite Session proceedings be submitted for consideration as a supplement to the journal Headache?  [ ] Yes  [ ] No
OVERALL SATELLITE SESSION & FACULTY PRESENTATION ● MEASURABLE LEARNING OBJECTIVES

Essential 2, Element 2.3 of the ACCME state that the provider must communicate the purpose of the objectives of the activity so the learner is informed before participating in the activity.

The components of the educational objective statement should be measurable and ensure that the prospective participants have the appropriate level of knowledge, education, or experience and outline expected learner-based outcomes. Suggested format is:

(I) “The Satellite Session is directed to…” and
(II) “It is assumed that the participants know or are familiar with…” and
(III) “At the completion of the Satellite Session, participants should understand..., or be able to do...gain awareness of..., learn recent advances in..., make a difference in... have the ability to..., understand the factors of..., learn the definition of..., identify the...etc.”

Connect statement III with a clear word or phrase which communicates the performance by the learner. For example: identify, interpret, differentiate, diagnose, translate, analyze, explain, integrate, formulate, evaluate, argue, establish, and justify. The following words are not appropriate because they are not easily measurable and open to many interpretations: know, understand, appreciate, believe, value, apply scientific knowledge to, or develop knowledge of.

Finish with the specifics of what the learner will be doing when demonstrating achievement or mastery of the objective. The entire objective is the intended outcome or results of the instruction.

Statements (I) and (II) ensure that prospective participants have the appropriate level of knowledge, education, or experience. Statement (III) describes expected learner-based outcomes.

SATELLITE SESSION TITLE

__________________________________________________________

MEASURABLE LEARNING OBJECTIVES (please provide a minimum of 3 learning objectives)

1. Objective: ________________________________________________

2. Objective: ________________________________________________

3. Objective: ________________________________________________

As Satellite Session Chair, I attest I am fully aware of the program as outlined above and I attest I will review all slides and syllabus materials to ensure all materials contain no promotional references and fully comply with ACCME requirements.

Signature (Satellite Session Chair) ______________________________ Date __________________
POLICY & GUIDELINES

It is imperative that all employees of the CME Provider, Supporting Organization(s), Satellite Session Organizers, and all agents are made aware of the following guidelines, as they may affect your promotional efforts and possibly your eligibility for involvement with future meetings.

There are four (4) available satellite session times for the Annual Scientific Meeting:

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>June 8, 2017</td>
<td>12:30 pm – 2:00 pm</td>
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<tr>
<td>Saturday</td>
<td>June 10, 2017</td>
<td>6:30 am – 8:00 am</td>
</tr>
</tbody>
</table>

(1) Only complete applications will be accepted for processing. AHS will contact you only one (1) time for incomplete and/or missing information.

(2) Submitted applications will be reviewed by the Society’s Education Committee and prioritized based on:

- General scientific and/or educational interest
- Overall satellite session learning objectives
- Individual faculty presentation learning objectives
- Adequacy of scope
- Lack of content overlap with the Society’s educational program (program enclosed).
- ACCME accreditation (not available through the American Headache Society®) and fully executed Letter of Agreement
- Past performance (where applicable)
- Fair balance of each presentation within the proposed satellite session

Note: Any member of the American Headache Society® agreeing to participate as faculty in any proposed Industry-Sponsored Satellite Session will be excluded from the application review process. The Society’s Board Members cannot speak at more than one satellite symposia per meeting.

(3) AHS charges a slot fee of $35,000 for satellite sessions. However, the CME Provider, Supporting Organization(s), Satellite Session Organizers, and agents are responsible for all development and charges incurred including:

- All meeting room and catering arrangements. AHS has secured space with the hotel for all satellite sessions.
- However, meeting space, audio-visual equipment requirements, as well as food and beverage, are the sole responsibility of the CME Provider, Supporting Organization(s), Satellite Session Organizers, and agents.
- All signage (within specified guidelines – see #8 of Industry-Supported Satellite Sessions Policy)
- ACCME Accreditation. See attached
1. ACCME Essentials
2. Sample Faculty Agreement/Terms & Conditions
3. Sample Faculty Disclosure form

(4) It is the responsibility of the CME Provider, Supporting Organization(s), Satellite Session Organizers, and all agents to ensure faculty members are fully aware of stated guidelines (CME, etc.) and fully comply with each.

(5) All satellite sessions must be well-balanced educationally and free of commercial bias. Satellite sessions must also include discussion of the downside of treatment modalities and alternative treatments.

(6) Satellite Session Chair must attest they will review all slides and syllabus materials to ensure all materials contain no promotional references and fully comply with ACCME requirements. The area for sign off is located within the application.

(7) Satellite sessions must offer Category 1 CME credit. The Society does not provide CME credit for these satellite sessions. In addition, the Society is reminding sponsors of educational events that adherence to ACCME Essentials and Standards is required. ACCME guidelines require a written agreement between the supporting company and the provider of the satellite session in order to ensure the satellite session meets all the criteria necessary to qualify for Category 1 CME credit. An accreditation statement that the satellite session offers Category 1 CME credit must be included with the application for consideration.

(8) Satellite sessions are considered ‘unofficial’ programs (not supported by AHS). Therefore, there can be no implications in any promotional materials, mailers, or during these events, that the satellite sessions are connected with the 59th Annual Scientific Meeting program, presented in cooperation with the 59th Annual Scientific Meeting, or endorsed by AHS. In describing these events, you may not use phrases such as “presented during,” “presented in conjunction with,” “preceding,” or “prior to” the 59th Annual Scientific Meeting program. The use of Society names, logos or seals is strictly prohibited. All satellite sessions MUST include the statement that they are satellite sessions and not part of the official 59th Annual Scientific Meeting.

(9) All satellite sessions must provide AHS with a summary report of attendee’s evaluation of the satellite session that is collected in conformance with ACCME requirements. Attendees must be asked to evaluate the satellite session for objectivity and presence of commercial bias. Copies of the actual attendee completed evaluation forms, as well as a summary evaluation report, must be provided to AHS no later than 30 days after the conclusion of the satellite session. Non-compliance with this process will result in revocation of application privileges for future meetings.

(10) Approved satellite sessions will be promoted in the following methods:

- The pre-registrant list in the form of a one-time use excel file will be provided complimentary by AHS. List will only be sent after AHS approves all printed promotional materials. The list is seeded for control. Unauthorized use of the mailing list will result in an additional fee of $1,000 and restriction on any further use.

  Printed promotional materials must be received no later than April 28, 2017 to allow time for label production.

  Note: Printed promotional materials are limited to one (1) invitation, one (1) registration kit stuffer, and one (1) door drop. Handouts are not allowed and piles of promotional material left in common areas will be discarded.
- AHS will allow (3) three promotional signs at the meeting. All signs must measure 22” high by 28” wide. One (1) sign may be placed at the satellite session registration area 24-hours prior to the approved time for the satellite sessions, one (1) sign may be placed outside the door of the meeting room of the satellite sessions and one (1) sign may be placed in the AHS registration area. Handheld signs and/or sandwich boards are prohibited.

- Listing in the Final Program. Text for the Final Program listing must be received no later than April 28, 2017 to be included.

(11) Registration for approved events may not begin any earlier than 30 minutes before the event. Satellite session registration may not be located at AHS’ registration desk. Please make arrangements with the hotel for a suitable location for registration.

(12) One (1) person must be appointed as liaison to AHS. We are unable to accept instruction, direction, inquiries or likewise from any person(s), company(ies) or agent(s) other than the named liaison. This applies to the Westin Boston Waterfront as well. If satellite session is selected for presentation, please contact Linda McGillicuddy for details at lmcgillicuddy@talley.com, or at 856-423-0043.

(13) If satellite session is selected for presentation, please be advised of the following:

- All satellite faculty must be registered for the Annual Scientific Meeting. If the satellite program has common faculty with the main program, AHS will register that faculty. The satellite sponsor will be responsible for all other faculty.
- AHS expects approved satellite sponsors to share in the housing expenses of common faculty. Upon review of all approved satellite sessions, the satellite sponsors will be sent a form outlining the number of room nights and tax for which they are responsible. Generally does not exceed two (2) nights. The satellite sponsor will be asked to sign this form acknowledging their responsibility and return it to AHS.
- Total staff sleeping rooms for any approved satellite session cannot exceed five (5) for this event. The hotel has been advised of this limit.

(14) The entire satellite session, including food service, scientific content, and questions and answers must take place within the specified start and end times. Satellite sessions may not begin earlier, or conclude later, than the approved time.

(15) If satellite session is accepted for presentation at the Annual Scientific Meeting, any deviations, whatsoever, from the approved program must be resubmitted to full committee for approval. This process will not extend the applicant’s final due date(s). Therefore, it is best advised that the program submitted for approval with the application be as complete and accurate as possible.

To protect the integrity and quality of the Annual Scientific Meeting Industry-Supported Satellite Sessions and to ensure a successful outcome for all parties involved, AHS requires the CME Provider, Supporting Organization(s), Satellite Session Organizers, and agents to agree that their employees, speakers, to observe all applicable and ACCME guidelines.
Complete applications must contain the following items:

1. Completed Industry-Supported Satellite Sessions Application & Information (with Chair signature attesting to full program review as outlined in #6).
2. Completed Letter of Agreement*
3. Overall Satellite Session Learning Objectives
4. Individual faculty presentation learning objectives and/or abstract (use same format as Overall Satellite Session Abstract or Overall Satellite Session Objectives attached)
5. Educational Activity Planning Document
6. Financial disclosure statements from each faculty member

*Only the enclosed issued Letter of Agreement will be accepted and must include all required signatures on one document. Third-party planners’ signature(s) will not be acceptable.

Please review your application and all required materials to be certain of accurate and total completion. All requested information must be provided for the application to be deemed ‘complete’. Only complete applications will be accepted for processing. You will be contacted only once if your application is incomplete.

Your thoughtful attention to these processes and requirements is needed to ensure a successful outcome. We realize your decision to conduct a Satellite Session is a large investment of time and money and is a benefit to the attendees of the Annual Scientific Meeting.

Please call us with any questions or concerns at 856-423-0043.
American Headache Society® Gap Analysis Documentation

Program Title ________________________________

ASSESSMENT OF GAPS/NEEDS & BARRIERS

Specify the educational or professional practice gap(s) that underlies the objective(s) that the activity will address. The “gap” is defined as the difference between the current state of knowledge, skills, competence, practice, or patient outcomes, and the ideal or desirable state.

Note: The Gap must be relevant to the target audience

Current state of knowledge, skills, competence, practice, clinical/patient outcomes:

Desired/ideal state of knowledge, competence, performance, clinical/patient outcomes:

Briefly explain the use(s) for this activity based on the gap(s) identified above (one-two sentences per gap):

What sources were used to identify the professional practice gap(s) underlying the need for this activity? Check all that apply – minimum of two sources at least one of which should be evidence-based:

__ Planning Committee meeting notes or minutes
__ Literature search
__ Evaluation data/participant suggestions from previous CME activities
__ Epidemiological data
__ Clinical practice guidelines
__ Survey data
__ Peer-reviewed scientific/clinical publications
__ Public health data
__ Quality improvement guidelines
__ Government mandates/legislation
__ Other (please specify)
What barriers to physician change or factors outside your control were identified in planning this activity? (costs of care, reimbursement issues, patient compliance, physician/patient misconceptions about treatment, physician resistance)

Briefly explain how the activity addresses the barriers/factors identified:

### Educational Objectives
Based on the gaps/needs identified above, what are the learning objectives for this activity?

<table>
<thead>
<tr>
<th>Need</th>
<th>Learning objective: As a result of participating in this activity, learners should be better able to:</th>
<th>Outcome level addressed: This learning objective represents a change in (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>__competence __performance __patient outcomes</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>__competence __performance __patient outcomes</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>__competence __performance __patient outcomes</td>
</tr>
</tbody>
</table>

### Target Audience (check all that apply):
- Neurologists
- General Practitioners
- Internists
- Headache Specialists
- Pediatricians
- Dentists
- Anesthesiologists
- Physical Therapists
- Nurse Practitioners
- Physician Assistants
- Psychologists
- Pharmacists
- Other (please list)

### Educational Format(s) appropriate for this activity (check all that apply):
- Case Presentations
- Patient Interviews
- PICME
- Debate
- Round Table Discussion
- Audience Response Requested (we cannot guarantee)
- Demonstration
- Teleconference
- Other (please specify)

### Draft Agenda and Faculty

**PROGRAM TITLE ____________________________________________________________**

**Topic 1 __________________________________________________________ Time ___________ Faculty ___________**