

CHICAGO STATE
UNIVERSITY
College of Pharmacy



**CSU-COP
CONTINUING PROFESSIONAL EDUCATION
SPEAKER PACKET**

RETURN TO NAOMI SIMWENYI
nsimweny@csu.edu

CE Activity Guidelines

In order to assist you in complying with ACPE requirements, please read this packet and complete the forms as soon as possible to ensure ACPE accreditation for the CE activity:

- Curriculum Vitae
- Presenter Worksheet/ Speaker Introduction Form (pages 2-3)
 - Review Criteria for Objectives/Learning Objectives Form (pages 4-6)
 - **NOTE:** Separate Learning Objectives Required for Pharmacists & Technicians
- Activity Planning Instrument (page 7)
 - Active Learning Techniques Description (page 7)
 - Learning Assessment Tools (page 8)
 - **NOTE:** Separate Activity Planning Instrument Required for Pharmacists & Technicians
- Post-test questions(with answer key)
 - Self-Assessment Questions Criteria/Self-Assessment Question Form (page 9-10)
 - **NOTE:** All Self-Assessment Must Relate Back to Learning Objectives
- Conflict of Interest Declaration (pages 11-13)
- Audio-Visual Request Form (page 14)
 - If requesting handouts to be printed for you, please send or email presentation by deadline
- Gap Analysis and Needs Assessment (page 15-16)
- Presentation
 - Review Guidelines for Presentation Slides (pages 17)
 - **NOTE:** Incorporate Principles of Continuous Professional Development (CPD)
 - **NOTE:** Include Reading List or Bibliography
 - **NOTE:** Create Handout (may be a copy of your slides or submit a separate handout for audience)
- Vendor/ Speaker Tax ID Form, if applicable (pages 18-21)

*E-mail all documents to the Chicago State University Continuing Pharmacy Education Department
Naomi Simwenyi- Director of Continuing Professional Education at nsimweny@csu.edu.*

Please note electronic signatures are not accepted.

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Presenter Worksheet

Project/Event Title (ex: Annual Meeting): _____

Presentation Date/Time (for live activity): _____

Presentation Location (for live activity): _____

Focus Session (if applicable; ex: Clinical Session): _____

Activity/Presentation Topic Title: _____

Hours of Learning (exclude break time): _____

Presenter Name (Include credentials, i.e. R.Ph., Pharm.D., BCPS, etc.) : _____

Presenter Title: _____

Institution/Employer: _____

Mailing Address: _____

E-mail Address: _____

Daytime Telephone: _____ **Fax #:** _____

Honorarium: _____ **Commercial Support:** Yes No Pending

Travel arrangements (if needed): _____

Audience: Pharmacists Technicians Other

CPE Activity: Knowledge-based Application-based Practice-based
(see definitions below)

CPE Activity Definitions:

Knowledge-based: Designed primarily for pharmacists and technicians to acquire factual knowledge. The minimum credit for these activities is 15 minutes or 0.25 contact hour.

Application-based: Designed primarily for pharmacists and technicians to apply the information learned in the time frame allotted. The minimum credit for these activities is 60 minutes or one contact hour.

Practice-based: Designed primarily for pharmacists and technicians to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The formats of these CPE activities should include a didactic component and a practice component. The minimum credit for these activities is 15 contact hours.

Will off-label uses be discussed? Yes No

If you marked YES, you must indicate in the slides or verbally state when you are discussing off-label use.

Speaker Introduction Form

The information on this form will be used to write the script for your session. Chicago State University would like to introduce you as you prefer. If you do not complete and return this form, your introduction will be based on your curriculum vitae and will be very concise.

I would like to introduce _____ (speaker's name)

_____ (preferred name/prefix) obtained his / her

_____ (degree)

from _____ (college or university);

and _____ (degree) from

_____ (college or university).

He/She also completed _____ (residency or certification)

at/from _____.

He/She is _____ (current employment position).

at _____ (employer).

(Please list any other special information about you which you would like mentioned, for example: Awards, Committees and Organizations with which you have served, etc)

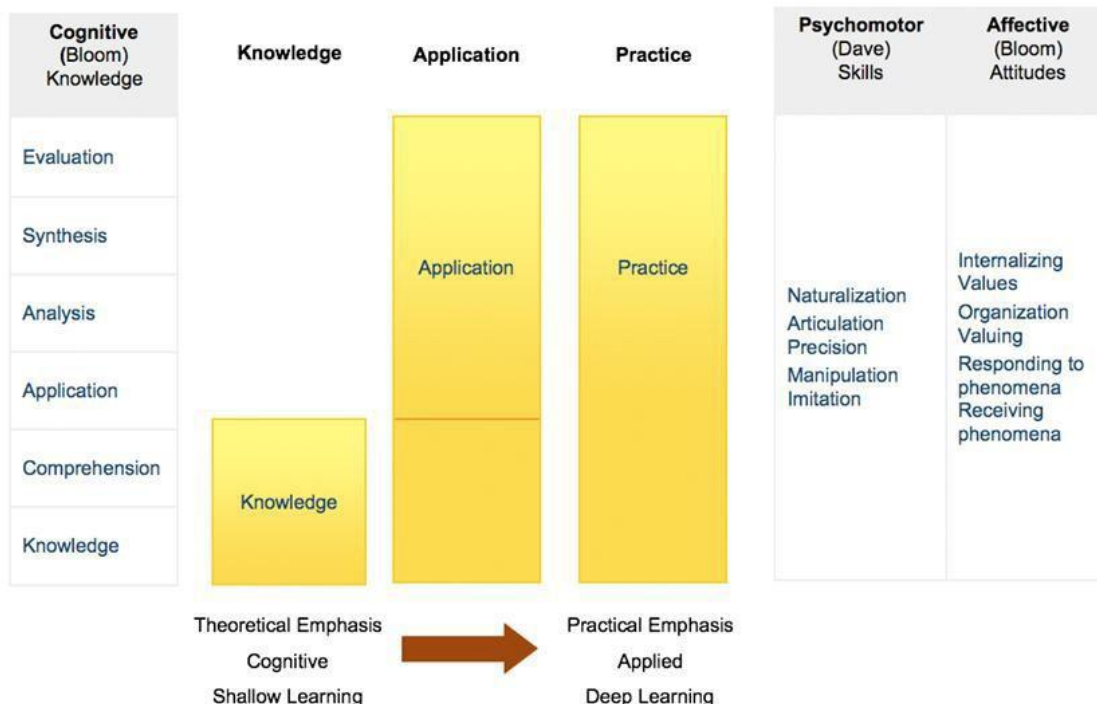
The title of _____'s (speaker's name)

presentation is _____.

Criteria for Learning Objectives

1. A Learning Objective (or behavioral objective) is a statement that describes what you want the learner to be able to do as a result of participating in your educational activity; **they do not describe what the activity will do or say.** Learning objectives should (1) focus on the learner, and (2) contain action verbs that describe measurable behaviors
2. Educational goals and specific learning objectives should reflect the relationship of the activity topic(s) or content to contemporary pharmacy practice.
3. Learning objectives must be *measurable* and *specific*.
4. Do not use abbreviations or acronyms in learning objectives- spell it out.
4. Good learning objectives are clear and understandable and leave little room for interpretation. Use the following three characteristics that help communicate intent when writing an objective:
 - Performance:** An objective always states what a learner is expected to be able to DO.
 - Conditions:** An objective often describes the conditions under which a learner is able to DO or perform the task.
 - Criterion:** If possible, an objective clarifies how well the learner must perform the task in order for the performance to be acceptable.

Relative to taxonomies of learning, ACPE CPE activities will fall along a continuum of learning, starting at Knowledge, moving through Application, and ending at Practice. Learning across this continuum will generally progress from being more cognitive, theoretical and shallow at the knowledge end to becoming more practical, applied and deep at the practice end, including additional elements from psychomotor and affective domains that emphasize the systematic application of content, skills and attitudes to real-life practice.



Verbs for performance objectives must elicit or describe observable or measurable behaviors on the part of activity participants. Utilize verbs from the chart below when developing objectives. **Do not use the verbs: appreciate, behave, believe, be aware of, enjoy, explore, grasp significance of, have faith in, know, learn, perceive, realize, review, or understand.**

Suggested Verbs for CPE Activities by Domain

Cognitive Domain (Bloom)	
Evaluation	To appraise, argue, assess, attach, choose compare, defend estimate, judge, predict, rate, core, select, support, value, evaluate.
Synthesis	To arrange, assemble, collect, compose, construct, create, design, develop, formulate, manage, organize, plan, prepare, propose, set up, write.
Analysis	To analyze, appraise, calculate, categorize, compare, contrast, criticize, differentiate, discriminate, distinguish, examine, experiment, investigate, question, research, test.
Application	To apply, choose, demonstrate, dramatize, employ, illustrate, interpret, operate, practice, schedule, sketch, solve, use, write.
Comprehension	To classify, describe, discuss, explain, express, identify, indicate, locate, outline, recognize, report, restate, review, select, translate,
Knowledge	To arrange, define, duplicate, label, list, memorize, name, order, recognize, relate, recall, repeat, reproduce, state.
Psychomotor Domain ¹ (Dave)	
Naturalization	To design, specify, manage, invent, and project-manage.
Articulation	To construct, solve, combine, coordinate, integrate, adapt, develop, formulate, modify, master, improve, and teach.
Precision	To demonstrate, complete, show, perfect, calibrate, control, and practice.
Manipulation	To re-create, build, perform, execute, and implement.
Imitation	To copy, follow, replicate, repeat, adhere, observe, identify, mimic, try, reenact, and imitate.
Affective Domain ² (Bloom)	
Internalizing Values (Characterization)	To act, discriminate, display, influence, listen, modify, perform, practice, propose, qualify, question, revise, serve, solve, verify.
Organization	To adhere, alter, arrange, combine, compare, complete, defend, explain, formulate, generalize, identify, integrate, modify, order, organize, prepare, relate, synthesize.
Valuing	To complete, demonstrate, differentiate, explain, follow, form, initiate, invite, join, justify, propose, read, report, select, share, study, work.
Responding to Phenomena	To answer, assist, aid, comply, conform, discuss, greet, help, label, perform, practice, present, read, recite, report, select, tell, write.
Receiving Phenomena	To ask, choose, describe, follow, give, hold, identify, locate, name, points to, select, sit, erect, reply, use.

¹ Dave, R. H. (1975). *Developing and Writing Behavioural Objectives*. (R J Armstrong, ed.) Educational Innovators Press.

² Krathwohl, D. R., Bloom, B. S., & Masia, B. B. (1973). *Taxonomy of Educational Objectives, the Classification of Educational Goals. Handbook II: Affective Domain*. New York: David McKay Co., Inc.

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GUIDELINES FOR WRITING LEARNING OBJECTIVES

Learning Objectives for Pharmacists: Please prepare at least (1) learning objectives for you presentation for each 20 minutes of instruction. i.e 1 hour presentation should have 3 objectives.

NOTE: Separate technician objectives require separate activity plan.

Refer to Criteria for Objectives (pages 4-5) & add to Activity Planning Instrument (page 8)

There are three types of objectives:

- **Cognitive:** designed to increase the participant's knowledge.
- **Psychomotor:** designed to build a physical skill.
- **Affective:** designed to change an individual's attitude. Affective objectives refer to attitudes, appreciations, and relationships.

1.

2.

3.

4.

5.

Comments: _____



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Learning Techniques

According to educational research adults learn best when there is interaction between the presenter and the learner, they participate in role-playing or when peer-to-peer dialogue takes place. Active participation encourages the audience to do more than passively listen to a lecture. Rather, participants are processing and applying knowledge gained during the lecture. Active participation requires the audience to talk, listen, and reflect on the material presented. The focus of education has shifted from how much you know to how you apply what you know.

Seven Characteristics of Adult Education

1. Have a learning environment where the learner feels safe and supported. They are allowed to express themselves to others, feeling acknowledged and respected.
2. Intellectual freedom and creativity are encouraged.
3. Faculty need to treat the learner as an intelligent, experienced adult. They need to be viewed as a “peer”, where their opinions are encouraged and listened to.
4. Self-directed learning is expected, where the student takes responsibility for what they learn. They work with the faculty to have specific activities designed to meet the needs they require to function to their fullest in their profession.
5. The learner must be challenged appropriately, so they are pushed just beyond their current ability. If they are pushed too far, they may give up, while if not pushed enough they will become bored and not learn anything.
6. Learners need to be actively involved, where they can talk and interact with each other, they can try out new ideas, and use exercises and experience to support facts and theory.
7. There needs to be feedback mechanisms for faculty to know what the learners say works best for them and to know what else the student wants to learn. The faculty needs to listen to the student and make changes according to this feedback.

Tips for Stimulating Learning

- Start the session with an overview of the content in the educational offering and why it's of value to the participants; end with a summary of key points.
- Break up information into “mini-lectures” (e.g. 10-15 minutes or smaller) followed by examples with opportunities to discuss, practice or reflect.
- Prepare a variety of examples from different sensory domains to reinforce new information:
 - Verbal – anecdotes, cases
 - Still images – drawings, photographs
 - Moving images – animations, videos (not too much)
 - Tactile examples – medical devices, models
- Develop activities that require participants to relate the new information to their own practice or personal experience:
 - Give participants a few minutes to write, discuss or think of ways that they could change their practice with the new information. This is the CPD concept of “reflect”
 - Have participants solve cases that were based on their own needs (e.g., through needs assessments).
 - Ask participants to share relevant issues for discussion.
- Design activities to get the maximum number of participants as possible to respond:
 - Ask participants to write or solve a problem individually.
 - Ask questions and poll the participants through a show of hands.
 - Have participants discuss an issue or work with the person next to them.
 - When possible and educationally beneficial, have participants work in small groups.

Activity Planning Instrument – Pharmacists

Directions: Please complete this form by defining the learning objectives and providing documentation for how the activity development process (instructional materials, learning methods and learning assessment) supports the activity's learning objectives.

Activity Title:				
Universal Activity Number:				
	Please list the activity's learning objectives below	What instructional materials were utilized to meet this objective? <small>(i.e. outlines, slides, case studies, computer-assisted techniques, etc.)</small>	What active learning methods were utilized to meet this objective? <small>Please indicate those methodologies that fostered active participation in learning (i.e. group-based learning, workshops, demonstrations, etc.)</small>	What learning assessment activities were utilized to enable participants to assess their achievement? <small>(i.e. case studies, problem solving activities, post-tests, multiple choice questions, hands-on demonstration, etc.)</small>
	<i>Example: Explain the differences between NPH and regular insulin</i>	<i>Table listing the pharmacokinetic properties of the insulin agents</i>	<i>Two patient case study presentations</i>	<i>First case was assessed by participant individual and then group discussion. Second case was presented as the post-test with multiple choice responses.</i>
1.				
2.				
3.				
4.				
5.				

Preparing Self-Assessment Questions Criteria

Presenters must prepare test questions that can be used to evaluate the participants' attainment of the learning objectives. The activity's learning objectives should drive the creation of the test questions. The learner should be tested on the material learned from the activity and apply those lessons learned within a clinical setting. These types of questions will make the learning relevant and practical for the pharmacist.

Questions should be simple, clearly stated and measure only the educational objective for which they are designed.

- Self assessment questions should link directly to learning objectives and active learning.
- Questions should be simple, clearly stated, and measure only the educational objective for which they were designed. Focus on important concepts; don't waste time testing trivial facts.
- Pose the question in the affirmative – avoid the terms NOT and EXCEPT
- Ensure that the questions are similar in length and grammatical construction.
- Provide multiple choice questions with one correct answer. Avoid true/false or matching. A question for which the answer is "all of the above" or "none of the above" is also a true-false question and should not be used
- Answer choices should be uniform in length and style, and grammatically consistent with the question.
- Do not clue the reader in to the correct answer, for example by using the same or similar words in the question and answer.
- Don't try to trick the test taker.

Sources

- Writing Instructional Objectives. UCSD School of Medicine.
http://meded.ucsd.edu/faculty/writing_instructional_objectives.pdf
- Faculty (Speaker) Guidance for Developing CPE Activities. Southern Illinois University Edwardsville School of Pharmacy.
http://www.siu.edu/pharmacy/ce/pdf/2012_Faculty_Guidance_for_the_web.pdf
- American Society of Transplant Surgeons. Guide to writing test questions & answers for CME activities.
http://www.amjtrans.com/SpringboardWebApp/userfiles/ajt/file/Guide%20to%20Writing%20Test%20Questions_8_28_12.pdf
- Wolters Kluwer/Lippincott CME Institute. Writing test questions for CME activities.
<http://journals.lww.com/obgynsurvey/Documents/ObGyn%20CME%20Writing%20Test%20Questions.pdf>
- Radiological Society of North America. CME question writing guidelines.
http://radiographics.rsna.org/site/pia/cme_guidelines_2013.pdf

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Self-Assessment Question: Please prepare at least (1) self-assessment question for each learning objective. **NOTE: Separate technician Self-Assessment Question require separate activity plan.**

1.

2.

3.

4.

5.

Comments: _____

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Conflict of Interest Policy

It is the policy Chicago State University College of Pharmacy (CSU COP) to insure independence, balance, objectivity, and scientific rigor in all its individually or jointly presented education programs. All faculties participating in CSU COP programs are expected to disclose any real or apparent conflict(s) of interest that may have a direct or indirect bearing on the subject matter of the continuing education program. Disclosure pertains to relationships with any pharmaceutical companies, biomedical device manufacturers, or other corporations that produce, market, re-sell, or distribute health care goods or services that are related or unrelated to the subject matter of your presentation topic. This information will be obtained from all speakers and will be summarized in the program syllabus. The intent of this policy is not to prevent a speaker with potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be resolved prior to the program using peer review, selection of alternative speaker, or ending financial relationship.

The intent of this disclosure is to allow the CSU COP the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all activities. All faculty and planners of the sponsored activities are expected to disclose to the CSU COP any relevant financial relationships with any commercial interest that produces, markets, re-sells, or distributes health care goods or services concerned with the content of an educational presentation.

Glossary

Conflict of interest. Circumstances create a conflict of interest when an individual has an opportunity to affect content about products or services of a commercial interest with which she/he has a financial relationship.

Commercial interest/Bias. Topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug, device or other commercial product or a specific commercial service.

Bias. The content or format promotes a specific proprietary business interest of a commercial interest, gives unbalanced views of therapeutic options or uses trade names for single product(s) or from specific companies.

Financial relationships. Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. **Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner.** Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

Policy on Fair Balance. Programs offered by CSU COP shall exhibit fair content and balance, providing the audience with information of different perspectives from which to develop an informed professional opinion.

Conflict of Interest Declaration

Activity Title: _____

Presenter Name/Title: _____

- Planner
 Speaker/Faculty
 Content Specialist
 Moderator

PART 1: TO BE COMPLETED BY PARTICIPANT (read ACPE guidelines on non-commercialism)

- I or my spouse/partner have no actual or potential conflict of interest in relation to this activity.
- I or my spouse/partner have a financial interest/arrangement, affiliation or relationship with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this activity, including but not limited to:

Commercial Interest	Nature of Relevant Financial Relationship	
Name of Company	What was received?	For what role?

I understand the above information will be disclosed to the audience in advance of the activity verbally (for live activities) and in print. My disclosure provided above is accurate for the past 12 months. All recommendations involving clinical medicine in my presentation are based on evidence that is accepted within the health profession as adequate justification for their indications and contraindications in the care of patients. All scientific research referred in, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.

I understand that I must submit activity material (i.e. slides, handout, home study program) at least 4 weeks in advance of the event so that it may be reviewed for conflict of interest/potential bias. By signing this document I have read and agree to all the set requirements and guidelines set forth by the provider

Signature _____

Date _____

PART 2. TO BE COMPLETED BY COURSE DIRECTOR

If conflict of interest are present, the conflicts were resolved by the following process (check one):

- Peer review
 Individual ended relationship
 Selected an alternative person
 Other _____

- In room monitor found bias: YES NO



**CE Conference/Meeting
Additional Resource Disclosure Form**

It is the policy of the Chicago State University College of Pharmacy (CSU COP) to insure independence, balance, objectivity, and scientific rigor in all its individually or jointly presented education programs. All faculty participating are expected to disclose any payment they may receive for their presentation. This information will be posted in program literature.

Failure to sign and identify whether or not there are any additional financial resources will result in disqualification from presenting and any planning of this program.

Speaker Name:

Presentation Title:

Presentation Date:

I will not receive honoraria or reimbursement from a source (other than CSU-COP) in relation to this program.

I have made financial arrangements with one or more organizations (other than CSU-COP) for this presentation.

Name of Organization:

Address:

City/State/Zip:

Signature

Date

Your cooperation in complying with these guidelines is appreciated. The CSU COP CPE Director will disclose, either verbally or in the program materials, any significant financial relationship or other relationship with the manufacturer(s) of any product(s) discussed in the educational presentation.

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CE Conference/Meeting

Audio-Visual Form

Speaker's Name:

Date/Time of Program:

Title of Program:

All meeting rooms will be equipped as follows:

1. Stage-right **or** stage-left podiums, with podium microphones plus a head table with microphones
2. Projection screen
3. Laptop computer
4. LCD Projector
5. Lavalier microphone
6. Pointer

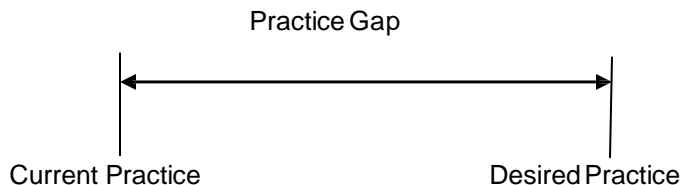
We recommend bring your presentation on a flash drive as a back-up.

- No additional AV required.
- Additional AV required. Please specify:

RETURN TO NAOMI SIMWENYI
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Gap Analysis/Needs Assessment

Identification of a gap: Determine the current results, articulate the desired results, and the distance between results (gap) and the actual need. Once a need is identified, then a solution can be selected that is targeted to closing the gap (learning objective).



Needs Assessment Description:

- A narrative description of how the practice gap was identified
- Explanation of what education is needed to help close the practice gap(s) identified
- Identification of target audience and geographic variations in needs

Needs Assessment Components (may include one or more of the following):

- Brief background of the therapeutic area/disease state
- Practice gaps
- Demographic/epidemiologic data (geographic variation)
- Consensus guidelines and well-designed clinical trials
- Current/emerging treatments, treatment strategies, barriers to treatment

Needs Assessment Sources:

- Primary evidence-based research
 - PubMed
 - Scientific publications
 - Meeting proceedings
- Published resources
 - Practice guidelines
 - Morbidity and mortality reports
 - Media coverage of new advances
- Review of trends in the profession
- Environmental scans
 - Review of past, present, and planned future initiatives in topic of interest

Needs Assessment

Directions: Provide a narrative of how the practice gap was identified; what education is needed to close the practice gap identified. (This can include a brief background of the therapeutic area/disease; consensus guidelines and well-designed clinical trials; current/emerging treatments, treatment strategies, barriers to treatment)

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Gap Analysis Form

Directions: Please complete this form by describing current practice compared to best practice, thereby identifying the gap in practice and need for education.

Activity Title:			
Universal Activity Number:			
Current Practice	Best/Better Practice	Educational Need	Learning Objective
<i>Example: An estimated 70-80% of patients undergoing chemotherapy experience nausea and vomiting</i>	<i>Only 10% of patients undergoing chemotherapy should experience nausea and vomiting</i>	<i>Pharmacists should know that poorly controlled CINV can result in weakness, weight loss, electrolyte imbalance, dehydration, or anorexia among chemotherapy patients</i>	<i>Describe the consequences of CINV on patient outcomes.</i>
1.			
2.			
3.			
4.			
5.			

Return to: **Naomi Simwenyi**
 Director of Continuing Professional Education
 Chicago State University
 Email: Nsimweny@csu.edu

Guidelines for Presentation Slides

What is my time frame?

- Consider that an average of 1-2 minutes per slide should be used.
- Do not use more than one topic per slide.

What text should I use?

- Use bullets, not numbers.
 - When using bullets, it implies there is no significant order.
 - Only use numbers to show rank or sequence.
- Each bullet should have 6 words or less.
- Each slide should have 6 lines or less.
- Keep font size and style easy to read.
 - Consider using sans serif font without curly feet.
 - Adhere to a minimum of 36 point for titles.
 - Use at least 24 point for body text.
 - Try to Avoid ALL CAPS.

Can I use transitions?

- Sure! If transitions are used, use only one transition for all slides. For example, try to keep sounds, graphics, and animations consistent.

Can I use graphics?

- Sure! If you choose to use graphics, make sure those graphics add to the message of the slide.
- Ideally, graphics should face the middle of the slide and should not distract from the text of the slide.

Can I use animations?

- Sure! If you choose to use animation, use not more than three different effects on bulleted text.
- Do not use animation effects on graphics copied from the internet.

Do I need to include any Conflict of Interest Declaration?

- Yes, this should be either on your 1st slide w/ title or on the 2nd slide.

Do I need references or a bibliography?

- Yes, references should be numbered consecutively in the order in which they are first mentioned in the presentation or text.
- Use an acceptable reference format such as those of the American Medical Association or the National Library of Medicine.
- Please refer to *supplemental documents for further referencing info.
- VISIT www.icmje.org, <http://www.nlm.nih.gov/pubs/formats/internet.pdf>, or see *The American Medical Association Manual of Style 9th Edition*.

What else?

- Always proofread!
- Introduce yourself to the moderator prior to your presentation
- **Stay on time.** Work with your moderator to keep track of time.
- **Repeat questions asked by the audience**

Vendor Information Form

This form **must** be completed prior to receiving payment from Chicago State University.
If you need help, e-mail us at csu-purchasing@csu.edu
or phone 773-995-2424.

Vendors please complete the information in steps 1 through 4.

Step 1 – Tax Information **Note: Name must agree with IRS records.**

Name of Individual or Business Name (if sole proprietor, please list name of owner and name of business.) _____

Current Chicago State University Employee

Current Chicago State University Student

Parent Company Name (if different from above) _____

Taxpayer Identification Number (TIN) _____
Enter Social Security Number or Employer ID Number/FEIN

Please mark all boxes that apply:

DUNS Number:

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation/Incorporated (TC) | <input type="checkbox"/> Gov Entity (TG) |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Med Health Care Srcs Prov (TM) | <input type="checkbox"/> Nor-for-Profit Corp (TN) |
| <input type="checkbox"/> C Sole Proprietor | <input type="checkbox"/> Real Estate Agent (TR) | <input type="checkbox"/> Tax Exempt Org (TE) |
| <input type="checkbox"/> LC Partnership (TL/TP) | <input type="checkbox"/> Attorney (AT) | <input type="checkbox"/> Foreign Vendor (VF) |
| <input type="checkbox"/> LLC Corporation (TL/TC) | <input type="checkbox"/> Partnership (TP) | <input type="checkbox"/> Trust or Estate (TT) |

Permanent Residence/Corporate Office Address

Address: _____
City/State/Zip _____
Phone _____ Fax _____ E-mail _____

Payment Address (if different from above)

Address: _____
City/State/Zip _____

Purchase Order Address (if different from above)

Address: _____
City/State/Zip _____

Individuals: Please check the appropriate classification.

U.S. Citizen

Non-Resident Alien. Non-Residents Aliens are not required to certify in Step 4, but must attach W-8BEN.

Resident Alien. Resident aliens must provide a copy of their permanent Resident Card when submitting this form.

Businesses: Please check the appropriate classification.

- US Company
- Foreign Vendor with US Presence W-8ECI Foreign Vendors with US Presence are not required to certify in Step 4, but must attach W-8ECI.
- Foreign Vendor W-8BEN W-8EXP Foreign Vendors are not required to certify in Step 4, but must attach W-8BEN or W-8EXP as appropriate.

Types of Goods and Services Provided

- Goods Services Attorney Royalties Medical
- Other (Please Describe): _____

Step 2 -- Type of Operation (optional, check all that apply)

Diverse Business

- African American (CA) Asian American (CM) Hispanic American (CH)
- Alaskan Native/ Native American (CN) Female (CW) Veteran (CV)
- Disabled (CD)

Small Business

- Small business (B2) Small disadvantaged business (CE)
- Women-owned small business (CF) Veteran-owned small business (CG)
- HUBZone small business (CZ) Service-disabled veteran-owned small business (CS)

Certifying Organization

- DCMS (Department of Central Management Services) Business Enterprise Program (C2)
- CMBDC (Chicago Minority Business Development Council) (C3)*
- IDOT (Illinois Department of Transportation) (C4)*
- WBDC (Women's Business Development Center) (C5)*
- Other (Please Specify): _____

*Please provide letter of certification from certifying agency when submitting this form.

Step 3—Conflict of Interest

Are you or any officer, director owner or partner in this company an employee of Chicago State University? Yes No

Is a direct family member of any of the above an employee of Chicago State University? (Direct family members include spouse, parent or minor child).

- Yes No

Does any University employee have an ownership interest in your firm that exceeds 7.5%?

- Yes No

If Yes to any of the above, please provide the names of the individuals involved. _____

Step 4 – Certification and Signature

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS had notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).
4. I or the organization I represent will comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), and the regulations promulgated there under, to the extent applicable in each transaction.
5. Neither the organization I represent nor any of its employees or subcontractors who may provide services pursuant to any Contract with Chicago State University is currently subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. My organization represents and warrants it has checked the U.S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from Federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U.S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/ Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. My organization also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to my organization's employees and agents. See the following websites: <http://epls.arnet.gov> and <http://www.state.il.us/agency/oig/search.asp>. University will terminate any contract without penalty to University if my organization becomes excluded during the life of any contract.
6. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.
7. If any of the vendor information on this form changes the vendor must complete a new form and check updated vendor information. The form must then be resubmitted to the address indicated at the bottom of page four of this form.

Vendor Signature (This form is not considered valid unless signed and dated)

Signature of US Person

Printed Name:

Date

Phone Number: E-mail:

Vendor Information Form Additional Instructions

The University is required by Federal Law to report such payments along with SSN/FEIN to Federal and State Agencies on forms required by law. The University will not disclose a recipient's SSN or FEIN without the consent of the recipient to anyone outside the University except as mandated by law. Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 28% federal income tax withholding. If you do not provide us with information, you may be subject to a \$50 penalty imposed by IRS under section 6723. If you make a false settlement with no reasonable basis that results in no backup withholding, you are subject to \$500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

W-9 Taxpayer Information

*If you use a SSN, the IRS requires that you include the name of the individual whose SSN has been entered.

*Non-profit organizations and government agencies should list your Taxpayer Identification Number as recorded with the IRS.

*Sole Proprietors: Must enter your individual name (as shown on your Social Security card) on the Name of the Individual or Business Name line as well as your business or "doing business as" name on the Business Name line. For the Taxpayer Identification Number, enter either your Social Security or the Federal Employer Identification Number of the Business.

*Business Name: Enter the name of the entity as it is listed with the IRS on the Firm SS-4, Application for Employer Identification Number. This name should be consistent with the name used on your tax returns.

*Foreign companies should complete the appropriate W8 and submit along with the Vendor Information Form to the Vendor Maintenance Department.

*Foreign Individuals should complete the W8BEN and return it directly to the University Department Contact listed at the top of this form.

Resident Alien. Resident Aliens must provide a copy of their Permanent Resident Card when submitting this form.

Non-Resident Alien. Non-Resident Aliens are not required to certify in Part IV, but must attach W-8BEN.

Foreign Vendors with US Presence. Foreign Vendors with US Presence are not required to certify in Part IV, but must attach W-8ECI.

Foreign Vendors. Foreign Vendors are not required to certify in Part IV, but must attach W-8BEN or W-8EXP as appropriate.

Diverse Business. You are considered a diverse business if you meet the following criteria:

- At least 51 percent owned and controlled by persons who are minority, women or designated as disabled.
- Must be a United States Citizen or Resident Alien.
- Average annual gross sales over the last three years must be under \$31.4 million.

Small Business. You are considered a small business if you meet the following criteria:

- An Illinois business
- Annual gross sales
- Retail/ Service less than \$6 million
- Wholesale less than \$10 million
- Construction less than \$10 million
- Manufacturing less than \$10 million and less than 250 employees.