Kansas Academy of Physician Associates
CME SPEAKER APPLICATION

Thank you for your interest in becoming a speaker for our CME activities. Please complete this form in full to be considered. All applications are reviewed by our CME planning committee.

Contact Information

Full name: _____ Date: _____

First *Last*

Professional Title _____ Current Position /Role _____

Professional Credentials _____ Organization _____

Address: _____ Phone: _____

Street address *Apt/Unit #*

Email: _____

City *State* *Zip Code*

Profession Information

Are you a KAPA Member?	Yes ☐	No ☐	KAPA Membership level		
Are you currently a licensed PA in Kansas?	Yes ☐	No ☐	Student ☐	Licensing state, if not KS	
Your practice specialty:				Years in Practice as a PA	
Employer/Practice Setting:					

Professional Background

Brief Biography (150-300 words):	

Optional Upload

CV, Resume or brief bio (optional, but helpful)

Submit documents to
kansaspa@sbcglobal.net

Past Speaker Experience

Have you presented at CME or professional medical conferences in the past? Yes ☐ No ☐

Have you presented to KAPA before? Yes ☐ No ☐ Presentation date: _____

If yes, please list up to 5 recent or relevant presentations:
(Include title, date, event/conference name, audience type, and format.)

_____

_____

_____

_____

_____

Preferred Presentation Format: ☐ Live (in-person) ☐ Live (virtual) ☐ Pre-recorded ☐ Hybrid

Presentation Status

☐ New The information is being considered for a first-time presentation

☐ Revised The information reflects revision of previously presented material.

☐ Repeat The program has previously been presented at KAPA meetings. Presentation date: _____

Proposed Presentation Topic

Activity Title: _____ Have you given this presentation before? _____

Clinical or Practice Management Topic: _____ Length of presentation: _____

Presentation Synopsis: _____

Honorarium Requirement

Do you have an honorarium requirement? Yes ☐ No ☐

What is your honorarium expectation?

☐ None – I decline payment and request it be used for meeting expenses ☐ Honorarium of $250

☐ Complimentary CME conference registration ☐ Travel expense reimbursement, not to exceed $250

Submit Application