



Bayer HealthCare

Diabetes Care

BDC Speaker's Bureau Application

(Cover letter)

Dear Health Care Professional,

Thank you for your interest in the Bayer Diabetes Care (BDC) Speaker's Bureau. Members of the BDC Speaker's Bureau have a unique opportunity to provide education to patients with diabetes using seven convenient educational programs that are available on CD-ROM:

:

- Know Your Numbers™
- Know Your Nutrition™
- Know Your Healthy Steps™

(Speaker Criteria)

To be considered for the BDC Speaker's Bureau, speakers must have at least one year of public speaking experience, and have conducted at least three speaking engagements in the past. In addition, speakers must have significant experience with treating patients with diabetes and 3-5 years experience as a qualified and licensed Healthcare Professional in the State for which the Education Program will be conducted.

(Application Instructions)

When completing the application, please include:

- Name, address, phone, etc.
- A curriculum vitae or resume
- Additional credentials, if appropriate to HCP or professional speaking
- Description of three previous speaking engagements
- Notation of travel expense reimbursement/requirements, or gratis programs
- Presentation listings (brief description optional) or areas of expertise
- Diabetes audience you are willing to address
- Any travel restrictions

(Application Process)

Please complete the enclosed application and mail, 555 White Plains Rd, Tarrytown, NY 10592 or email, Linda.carbone.b@bayer.com or Fax, 914-333-6531, it to Linda Carbone, Program Administrator. If the application is approved, speakers will be notified and subsequently enrolled in the bureau. If the application is declined, the applicant will be notified.

(Speaker Tools)

BDC provides the Know Your™ Program Series CD-ROM to help the speakers conduct live presentations and provide diabetes management education to patients.

(Application)



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This form must be completed by Healthcare Professionals who are interested in being enrolled in the BDC Speaker's Bureau. Sections marked "required" must be completed. If you have any questions, please contact Linda Carbone, Program Administrator, Phone: (914) 333-6061.

Mail or email the three pages of the completed application to BDC, Attn: Linda Carbone, Program Administrator, E-mail: Linda.Carbone.b@bayer.com, Address: 555 White Plains Rd, 5th Floor, Tarrytown NY 10591 or Fax (914) 333-6531.

Applicant Contact Information

REQUIRED

Resume or Curriculum Vitae attached Date of Application _____

Name (print or type) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number (____) _____ Fax Number _____

E-Mail Address _____

Applicant Employment Information

REQUIRED

Please list your past three years' employment history, starting with your current position. Include: Name of Employer/ Address of Employer/ Title/ Start and End Date/ Reason for leaving position.

1. _____

2. _____

3. _____

Applicant Experience

REQUIRED

How many years have you worked in the professional healthcare profession? _____

In what capacity? (Check all that apply)

RN CDE or RD CDE

License # _____

State _____

PHYSICIAN

License # _____

Specialty _____

State _____

OTHER

License # _____

State _____

Please list your credentials and areas of expertise (as related to HCP/ professional speaking):

How many years of experience do you have in public/ professional speaking? _____

Please list the dates, groups, and locations of your 3 most recent speaking engagements:

1. _____

2. _____

3. _____

Please advise if you are currently employed by the Federal Government Yes No

If yes, please specify the agency/agencies:

If selected as speaker, are you affiliated with an institution that requires payment to be made through the institution? Yes No

If yes, please name the institution:

Applicant Details

REQUIRED

Are you willing to participate in speaking engagements other than the Know Your™ Program?

Yes No

If yes, what type of audiences would you be willing to address? (Check all that apply)

Patients Healthcare Professionals Hospitals & Clinics

Private practices (i.e., in-office CDE and Physician) Other

Applicant Travel/ Fee Information

REQUIRED

Do you have any restrictions concerning travel? (i.e. not willing to travel out of state) Yes No

Please explain where you're willing to travel:

Local meetings State meetings Regional meetings

Do you require travel expenses to be paid/ reimbursed? Yes No If possible

Presentation/ Topic Information

Please provide a brief narrative of your past educational presentations, courses or sessions:

Applicant Signature

REQUIRED

I do hereby certify that the information stated in this application is true to the best of my knowledge.

Signature_____ Date_____

THANK YOU

Please mail or email the three pages of this form to BDC, Attn: Linda Carbone, Program Administrator, E-mail: Linda.Carbone.b@bayer.com, Address: 555 White Plains Rd, 5th Floor, Tarrytown NY 10591.