

University of Vermont Project ECHO

Participant Registration and Statement of Collaboration Form



Please complete this registration form by: June 6, 2019

Project ECHO Program: Transgender Care in the Medical Home **Program start date:** June 20, 2019 (12pm to 1pm)

See Program Overview document for program description, objectives, and full schedule for TeleECHO sessions.

Participant Name: _____ Degree/License Type (e.g., MD, APRN, RN, etc.): _____

Telephone: _____ Email: _____

Organization/Practice/Worksite Name: _____

Address: _____ Town/State/Zip: _____

Are you joining Project ECHO as part of a team within your practice or organization? _____

Note: Each individual must pre-register and complete the participation statement.

Participant Commitment and Statement of Collaboration:

I have read the Program Overview and by signing this form, I agree that I am committed to working with Project ECHO at UVM and will:

- Participate in each Project ECHO case-based learning session, using a virtual meeting platform (see program schedule, 8 sessions total).
 - Each virtual learning session is 60-minutes in duration and will consist of a case presentation and brief lecture with Q&A. Internet access and a webcam are required. This program uses Zoom web conferencing software; a link to the session will be shared with participants prior to each session.
- Use a webcam to participate face-to-face in each session (this is a core element of the Project ECHO model and is required for this program).
- Submit (de-identified) case(s) and present them to the group.
- Complete a post-assessment survey at the end of each session.
- Provide requested evaluation feedback at the end of the full program.

I understand that:

- Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any teleECHO clinician and any patient whose case is being presented in a teleECHO session.
- While the case consultations and teleECHO sessions may offer recommendations regarding effective evaluation, care, and treatment options, these represent recommendations only. The patient's treating provider retains sole responsibility for selecting and implementing the plan for evaluation, care, and treatment of the patient.
- My contact information will be shared with other members of this program's cohort.

Sign by typing name: _____ Date: _____

Return completed form to one of the following:

Fax: 802-656-3016

Email: ahec@uvm.edu

Mail: UVM OPC and AHEC Program
1 South Prospect Street, Arnold 5
Burlington, VT 05401

General questions about the University of Vermont's Project ECHO can be directed to Elizabeth.Cote@uvm.edu
Clinical/topic-specific questions can be directed to Mark.Pasanen@uvm.edu