



University of New England Project ECHO

Participant Registration and Statement of Collaboration Form



Please complete this registration form by: **October 21, 2020**

Project ECHO Program: COVID-19 Matters in Maine

Program start date: October 28, 2020

See Program Syllabus document for program description, objectives, and proposed 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 Syllabus and by signing this form, I agree that I am committed to working with Project ECHO at UNE and will:

- Participate in each Project ECHO case-based learning session, using a virtual meeting platform (see program schedule, 7 total sessions)
 - 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.
- Submit (de-identified) case(s) and present them to the group
- Complete a series pre-survey, and 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, and
- 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: _____ Email: emann1@une.edu Mail: _____

General questions about the University of New England's Project ECHO can be directed to cetl@une.edu
 Clinical/topic-specific questions can be directed to emann1@une.edu

