NOTE: Faculty requirements vary depending on submission type.

1. To begin please indicate if you are submitting as faculty or on behalf of a course chair (submitter). *

- I have been delegated to submit this course information by the course chair.
- I will be participating and listing myself as one of the course chairs

FOR REFERENCE ONLY - SUBMIT ONLINE ONLY

2. Because you selected you are the submitter of the course, please provide YOUR name and email address. You will be provided a section to enter the course chair(s) and faculty names and email addresses later in the process. Note: Due to included attestations, faculty members will be required to complete their own profiles. *

First Name * Last Name *

Email Address *

COURSE TITLE & DESCRIPTION

YOU HAVE SELECTED - PG DIDACTIC COURSE SUBMISSION
Post Graduate Courses are designed to cover a diverse set of topics in our field. While many submitted PG courses are aimed at covering advanced career topics, please note the SPC also looks for course submission that are aimed for early career physicians as well.

- 2 Hours in Length
- PG Courses take place on the 2nd day of the congress
- Four Faculty max. (Two Chairs and Two additional faculty)
- All Faculty are invited to present a talk up to a twenty five minutes
- There is also a 20 Minute Q&A Session with the audience
- A post-graduate didactic course should deepen advanced knowledge, enhance decision-making, and translate current evidence into consistent, high-quality professional practice.

Courses should not be designed to promote any products or specific companies and industry is strictly prohibited from participating in the planning of your course submission, objectives or goals.

If you have arrived at the wrong submission form, please click this link Course Landing Page to return to the full list of submission links.

3. Course Title *

4. Course Description *

5. Intended Audience *

- Physicians
- Allied Healthcare
- Other - Write In (Required)

6. Because you selected Physician, what level best describe the level of practicing physician this course would apply to?

Early Career — Intermediate — Advanced

Learning Objectives

Please provide from 1 to 3 Learning Objectives below. Enter one Learning Objective per box, do not number the Learning Objectives.

Learning objectives provide a guide for instruction and set the stage for the assessment of learning. ACCME guidelines mandate that the objectives must communicate the purpose or objectives of the program so the learner is informed before participating in the program.

A good objective answers the question: "What is something measurable that participants will be able to do because of their participation in this activity?"

Please visit our list of recommended behavioral verbs: http://www.aagl.org/cme_learning

8. Objective 1: *After attending this session, the participant will be able to:* *

9. Objective 2: *After attending this session, the participant will be able to:*

10. Objective 3: *After attending this session, the participant will be able to:*

TRACKS

11. Pick the PRIMARY CATEGORY this course fits under. *

Adenomyosis
AI and AR
Anatomy
Basic Science
Business of Medicine
Coaching
Complications
Education
Endometriosis
Environmental Sustainability
Ethics/Policy/Education/Reimbursement
Fibroids
Gender Affirmation
Hysterectomy
Hysteroscopy
Imaging
Innovations
Laparoscopy
Leadership
Mullerian Anomalies
Natural Orifice
Networking
Neuropelveology
New Instrumentation
Obese Patients
Oncology
Page
Pelvic Pain
Reproductive
Research
Robotics
Suturing
Urogynecology

12. Pick the SECONDARY CATEGORY this course fits under. *

Adenomyosis
AI and AR
Anatomy
Basic Science
Business of Medicine
Coaching
Complications
Education
Endometriosis
Environmental Sustainability
Ethics/Policy/Education/Reimbursement
Fibroids
Gender Affirmation
Hysterectomy
Hysteroscopy
Imaging
Innovations
Laparoscopy
Leadership
Mullerian Anomalies
Natural Orifice
Networking
Neuropelveology
New Instrumentation
Obese Patients
Oncology
Page
Pelvic Pain
Reproductive
Research
Robotics
Suturing
Urogynecology

FACULTY

13. **CHAIR - Contact Information** *
As the authorized delegate or chair on this course, please provide valid email addresses for each of the proposed course faculty. An email will be sent to each faculty member, asking each to complete a faculty profile form.

First Name Last Name Email Address

Enter the proposed talk title or topic this speaker will be presenting.

14. **CO-CHAIR - Contact Information** *

First Name Last Name Email Address

Enter the proposed talk title or topic this speaker will be presenting.

15. **PRESENTER/FACULTY #1 - Contact Information** *

First Name Last Name Email Address

Enter the proposed talk title or topic this speaker will be presenting.

16. **PRESENTER/FACULTY #2 - Contact Information** *

First Name Last Name Email Address

Enter the proposed talk title or topic this speaker will be presenting.