

**From:** [LAFP | Louisiana Academy of Family Physicians](#)  
**To:** [LAFP; Ragan LeBlanc](#)  
**Subject:** New Submission #972: 2026 Faculty CME Proposal Application  
**Date:** Friday, February 20, 2026 3:54:21 PM

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**First Name::** Katherine  
**Last Name::** Williams  
**Designations (MD, DO, MPH, etc)::** MD  
**Address::** 104 Innwood Dr  
**Street Address (line 2)::**  
**City::** Covington  
**State::** LA  
**Zip Code::** 70433  
**Home Phone Number::** [5046283757](#)  
**Cell Phone Number::** [\(504\) 628-3757](#)  
**Office Phone Number::** [9852497022](#)  
**Email Address::** [klwmd@me.com](mailto:klwmd@me.com)  
**Tax ID # or Social Security #::** 721422492  
**Date of Birth::** 08/01/1968  
**Are you a member of the LAFP/AAFP?:** No  
**AAFP ID#::**  
**Will you have co-faculty?:** No  
**If yes, please indicate names and designation. (MD, DO, PhD, PharmD, etc):**  
**Preferred Date and Time: (select all dates and times available):** July 23, 2026 - 1:15 pm - 2:15 pm, July 23, 2026 - 3:30 pm - 4:30 pm  
**Provide a title for your proposal that is no more than 80 characters including spaces.:**  
Hormone Replacement Therapy :Marketing vs Science  
**Describe the problem, or gap in practice or knowledge you are addressing; and what the learner can expect to take away from this education.:** A lack of understanding of proper hormone supplementation can lead to excessive hormone levels that can put a woman at risk. The learner can expect to gain a clearer understanding of proper supplementation  
**Provide a description regarding how this education has a direct bearing on patient care, or how it supports the physician's role in patient care, or how it has a direct bearing on a physician's ability to deliver patient care.:** Many women seek relief of menopausal symptoms . This lecture will provide guidance on proper diagnosis and safe treatment.  
**Select all that apply.:** Initial Diagnosis, Treatment/Management, Patient Education, Care Coordination  
**Objective 1::** 1)Better understanding of HRT options for women  
**Objective 2::** 2) Best practice for prescribing hormone replacement therapy for women  
**Objective 3::** 2)Review of guidelines for testosterone supplementation in women  
**Objective 4::**  
**Objective 5::**  
**Practice Change 1:** Prescribe safer and more reliable hormone therapy  
**Practice Change 2:** Better manage a woman's menopausal symptoms  
**Practice Change 3:** Avoid excessive supplementation that can increase patient risk and cause harm  
**Please select all that apply with respect to your proposal.:** Medical knowledge, Patient Care, Practice-based learning and improvement, Professionalism  
**Does your proposal include osteopathic medicine principles?:** Yes  
**Please select format::** Didactic Presentation - 60 min

**If you marked other, please provide details::**

**Maximum audience size::** No limit

**Do you have prior teaching experience? :** Yes

**If you marked yes, please provide details. Please list one to three previous presentations that are relevant to this topic. Include dates, events, type and size of the audience, and evaluation score (converted to a 0-5 scale where 0 is low and 5 is high):** Gave same presentation to southern ob gyn society , LSMS, Louisiana Association of clinical psychologist

**Do you require an honorarium?:** No

**If you marked yes, what is the requested amount?:**

**Do you require reimbursement for travel expenses?:** Yes

**If you marked yes, please indicate what is requested: (please note that LAFP's Travel Policy will apply):** Hotel accommodations

**CME Disclosure Form:**

[79df41aab55f6c0f\\_Dr.\\_Katherine\\_L.\\_Williams\\_CV\\_26\\_-\\_Google\\_Docs.pdf](#)

**Bio: Document should contain 1,200 characters or less. :**

[ce0c9003dc249317\\_Dr.\\_Katherine\\_L.\\_Williams\\_CV\\_26\\_-\\_Google\\_Docs.pdf](#)

**CV:**

[71d6abf9f52ba793\\_Dr.\\_Katherine\\_L.\\_Williams\\_CV\\_26\\_-\\_Google\\_Docs.pdf](#)

**Professional Photo: Headshot should be at least 400px wide by 600px tall in jpeg, tiff, or pdf format :**

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**Recording Acknowledgement :** 1

**Content Permission Acknowledgement:** 1

**Please select if there are any uses which you are NOT granting permission.:** N/A

**Author Acknowledgement1:** 1

**Author Acknowledgement2:** 1

**Author Acknowledgement3:** 1

**List authors of materials that may be provided during the presentation. If none, please put N/A in the box.:** N/a

**In the past 24 months (36 months for LAFP authors, journal editors and editorial board members) :** I have NOT had a financial relationship with an ineligible company.

**Disclosure Acknowledgement:** 1

**Please indicate your interest in being considered for additional teaching opportunities.:**

Yes I am interested