



Conflict of Interest Disclosure

Name:		Activity #:	
Activity Title:		Activity Date:	
<input type="checkbox"/> Course Director	<input type="checkbox"/> Planning Committee	<input type="checkbox"/> Speaker/Author/Contributor	<input type="checkbox"/> CE Coordinator

CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST

All persons in the position to control the content of an education activity are required to disclose all relevant financial relationships in any amount occurring within the past 12 months with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients. Failure or refusal to disclose relevant financial relationships will disqualify the participant from involvement in the CME activity. **Disclosure of financial relationships includes both yourself and your spouse/domestic partner.**

Identified conflicts of interest will be resolved prior to an educational activity being delivered to learners through one of the following mechanisms 1) altering the financial relationship with the commercial interest, 2) altering the individual’s control over CME content about the products or services of the commercial interest, and/or 3) validating the activity content through independent peer review.

Persons in the control of, or responsible for, the development management, or presentation of the CME activity are also required to disclose any discussions of off label/unapproved uses of drugs or devices.

Learners will be asked to evaluate whether there is bias in the planning or presentation of the activity.

Disclosure

- I have no relevant financial interests to report.
- I have the following financial relationships and the companies with whom I have the relationships are as follows:

Type of Financial Relationship	Indicate Applicable Manufacturer(s)
Formal Advisor (<i>i.e., scientific boards, review panels, board membership</i>)	
Research Activities	
Speaker’s Bureau	
Full-time/Part-time employment	
Consultant	
Ownership Interest (<i>stocks, stock options, or other ownership interest</i>)	
Other (please specify):	

I intend to reference unlabeled/unapproved uses of drugs or products in my presentation. Drugs or products I will reference are:

DECLARATION

1. All the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. I will uphold academic standards to insure balance, independence, objectivity and scientific rigor.
4. I agree to comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Additional information may be requested to resolve any conflict of interest.

Signature:	Date:
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