

Disclosure Form

In compliance with the College of Medicine and Health Sciences Committee for Continuing Medical Education's (CME) Standards for Commercial Support, all in control of content must disclose information regarding any relevant financial relationships with commercial interests. **Please complete the following form.**

Date of Disclosure: -----

Name: _____

Title of Activity: -----

Date of Activity: -----

Name of the Applicant _____

Will your participation in this CME activity include the discussion of any applicable health care goods or services (either currently marketed or under development)?

Yes No

If "**No**"  **STOP**. Your disclosure form is complete.

If Yes: please continue.

Do you and/or your spouse/partner have any relevant financial relationships* with any commercial interests**?

Yes No

If No, **STOP**. Do not answer any further items. If yes, please continue on the next page.

***Relevant financial relationship**, as defined by the CME Committee a financial relationship with a commercial interest in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. There is no minimal amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The definition of 'relevant financial relationships' is financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

****Commercial interest**: any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

List below the names of commercial interests producing health care goods or services, with which you and/or your spouse/partner have or have had a relevant financial relationship within the past 12 months.

Name of Commercial Interest _____

What is your relationship with the above commercial interest? (Check all that apply.)

- Employment Ownership interest (stock, stock options)
- Intellectual Property Rights (royalties or patent sales)
- Consulting Teaching and Speaking Independent contractor (including contracted research)
- Board Membership Membership on advisory committee or review panels Partnership
- Other activities (specify) _____

Please indicate in detail how you will resolve a potential conflict of interest. Disclosure alone is insufficient.

- My presentation will be fair and balanced.
 - My presentation will address classes of drugs.
 - Proprietary names will not be used.
 - Best available peer review data will be presented.
 - Other _____
- _____
- _____

If more than one please list below:
