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CONFLICT OF INTEREST: PLEASE COMPLETE THE FORM BELOW

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The faculty participants do not have any financial relationships or affiliations with any commercial entities whose products, research or services may be discussed in these materials. Any discussion of investigational or unlabeled uses of a product will be identified

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CME Activity Title_____ Live Presentation Date _____ or
Home Study/Enduring Materials/CD/Online

Please indicate your role in this CME activity: check all that apply
(Presenter) (Moderator) (Planning Committee Member) (Author) (Course Director)
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Yes____ No_____ Have you or spouse/partner had a personal relevant financial relationship in the last 12 months with the manufacturer of products or services that will be presented in the CME activity (planner) or in your presentation (speaker/author)?
If Yes, please list your disclosures and resolutions below **If No**, please skip to DECLARATION section below

COMMERCIAL INTEREST		NATURE OF RELEVANT FINANCIAL RELATIONSHIP
NAME OF COMPANY		Employee, Grants/Research Support recipient, board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights or Other (specify)
1		
2		

RESOLUTION OF CONFLICT OF INTEREST

Presenter/Authors

___I will support my presentation and clinical recommendations with the :best available evidence" from the medical literature
___I will refrain from making recommendations, regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings
___I will recommend an alternative presenter for this topic for the planning committee's consideration
___I will submit my talk in advance to allow for adequate peer review
___I will or have divested myself of this financial relationship

Planners

___To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias
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NOTE: Documentation of the mitigation strategies checked above are required for participation in this CME Activity

DECLARATION

I will uphold academic standards to ensure balance, independence, objectivity and scientific rigor in my role in the planning development of presentation of this CME activity. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPPA)
Signature_____Date_____
Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved and disclosure will be made to activity participants Please return completed form to:
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