

SPEAKER DISCLOSURE FORM

(Complete name and address are required for faculty physician speaker credit)

Speaker's Name: _____ Degree: _____

Please Print First, Middle Initial, Last

Mailing Address: _____

Mailing Address

City, State

Name of CME Activity _____

Date of CME Activity _____

Section A: UNLABELED USE OF PRODUCTS – Please complete the following as it applies to your presentation. We require that you complete and return this form PRIOR to the educational activity.

1. Unlabeled Use (Product does not have an FDA-Approved indication for the use under discussion)

_____ I do not anticipate discussing unlabeled uses of any commercial products in this educational activity.

_____ I anticipate discussing the following unlabeled use(s) of the following product(s):

- Product: _____
Unlabeled use to be discussed: _____
- Product: _____
Unlabeled use to be discussed: _____

2. Investigational Products (Not approved by the FDA for any purpose)

_____ I do not anticipate discussing unlabeled uses of any commercial products in this educational activity.

_____ I anticipate discussing the following unlabeled use(s) of the following product(s):

- Investigational Product: _____
Use to be discussed: _____
- Investigational Product: _____
Use to be discussed: _____

Section B: Affiliations

CHECK ALL THAT APPLY:

- _____ I have no relationship with any commercial firm having products related to topics I will discuss at this conference.
- _____ My spouse/partner has no relationship with any commercial firm having products related to topics I will discuss at this conference.
- _____ I (or my spouse/partner) have the following relationship(s) with _____
having products related to topics I will discuss at this conference:
 - _____ My honorarium, speaker fee or expenses at this program are funded by such a company.
 - _____ Representatives of such a company have assisted in the development of my presentation(s), handouts, slides, or other material I will use in my presentation(s).
 - _____ I am a consultant for such a company.
 - _____ I receive significant honoraria or speaker fees for other CME presentations from such a company.
 - _____ I am employed by such a company.
 - _____ Funding for my research is provided by such a company.
 - _____ I or my spouse/partner have a relevant personal investment or other financial interest in such a company. (Please describe).
 - _____ Other - please describe below.

Certification:

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that as a requirement of the ACCME, any references to unlabeled uses of commercial or investigational products for indications not yet approved by the FDA must be disclosed to the audience during a live presentation (verbally or printed on evaluation). I understand that relevant financial relationships which I or my spouse/partner have with any commercial company whose product(s) I may discuss in my educational presentation must be disclosed prior to and will be listed in materials for CME certified activities.

Name (print) _____ Signature _____ Date _____

FOR DEPARTMENT USE: ACCME accreditation criteria (Element 3.3) require a means to identify and resolve potential conflicts or bias in presentations prior to CME education activities being delivered to learners. Therefore, this form must be signed by the CME conference/series coordinator and information provided as to the resolution of potential conflicts and/or bias. If no potential conflict or bias is disclosed, please indicate "no action necessary".

REVIEWED AND APPROVED BY:

Signature

Date