

Your Letterhead here
Financial Disclosure Form

Have you (or your spouse/partner) had a personal financial relationship with a commercial interest **in the last 12 months?** A commercial interest is defined as an entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used, on patients.

☐ Yes ☐ No If **No**, skip to the declaration below. If **Yes**, please list your disclosures *and* approaches to resolution below.

I. DISCLOSURE

Use the following categories to indicate the type of financial relationships you are disclosing either for yourself or for your immediate family as defined above. C – Consultant/Advisor, E – Employee, L – Lecture Fees, O – Equity/Owner, P – Patents/Royalty, S – Grant support

Commercial Interest	Nature of Financial Relationship
	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> S
	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> S
	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> S
	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> S
	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> S
	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> S

II. MANAGEMENT OF POTENTIAL CONFLICT OF INTEREST

Planners/Moderators

- ☐ To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias
- ☐ I will rescue myself from planning activity content in which I have a conflict of interest.

Presenters/Authors

- ☐ I have disclosed all financial relationships, and hereby allow this information to be disclosed to learners in print.
- ☐ The content and/or presentation of the information with which I am involved, including any presentation of therapeutic options, will be well-balanced, evidence-based, and will not promote specific propriety business interests of a commercial interest. Any product identification will be made using the generic names to the extent possible. In addition, any off-label use of a medication will be specifically disclosed.
- ☐ I have not and will not accept any additional honoraria, payments or reimbursements.
- ☐ To the best of my knowledge, the information provided in this form is true and correct and represents all items for disclosure. I understand that failure to comply with the disclosure policy, when known and deliberate, may result in disqualification for two years from participation in similar Academy educational or related activities. I agree to promptly notify the Academy if any of this information changes.

Additional information may be requested to resolve conflicts of interest.

III. DECLARATION

1. I will ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development, or presentation of this CME activity.
2. I will comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPPA).
3. I will disclose any discussion or reference to unapproved or unlabeled uses of therapeutic agents or products.
4. Any and all relevant financial relationships will be disclosed prior to presentation.

Printed Name: _____

Signature: _____ Date: _____