

# CME Disclosure Form

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All persons who may impact the content of a CME activity, including faculty and planners, are required to fully disclose current and recent financial relationships with commercial interests. A conflict of interest may be considered to exist if such person or their spouse or partner has financial relationships with the grantor or any commercial interest(s) that may have a direct impact on the content of the program. Financial relationship is defined as being a shareholder, consultant, grant recipient, research participant, employee, and/or recipient of other financial or material support. Recent is defined as the past 12 months. The participants in this CME activity must be made aware of any such financial relationship(s).

This disclosure policy is intended to protect all parties involved from any potential conflict of interest that may arise.

Session Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Do you intend to discuss any unapproved/investigational use of a commercial product/device during this educational activity?

No     Yes (If yes, disclosure to the audience is required.)

I attest that my presentation will provide a balanced view of therapeutic options and will be entirely free of promotional bias.

No     Yes

## Non-declaration Statement

I, \_\_\_\_\_, declare that neither I nor my spouse or partner has a current financial relationship with the grantor and/or any commercial interest(s) that may have a direct interest in the subject matter of the CME program.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Declaration Statement

I, \_\_\_\_\_, or my spouse or partner, \_\_\_\_\_, currently has a financial relationship with the grantor and/or commercial interest(s) that may have a direct interest in the subject matter of the CME program.

### Financial Relationship

### Name of Commercial Interest

Honorarium \_\_\_\_\_  
Consultant \_\_\_\_\_  
Grants/Research Support \_\_\_\_\_  
Stock Shareholder \_\_\_\_\_  
Other Financial or Material Support \_\_\_\_\_  
Speaker's Bureau \_\_\_\_\_  
Employee \_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*