



Continuing Education Faculty Disclosure Form

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact phone: _____ Contact e-mail: _____

Presentation title: _____

***Relevant financial relationships are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity, and which relate to the content of the educational activity, causing a conflict of interest.**

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests – unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

Any individual refusing to comply with this policy and/or not disclosing relevant financial relationships on a timely basis (DEFINED AS THE INITIAL INVITATION AND TWO REMINDERS) will not participate in, have control of, or responsibility for, the development, management, presentation, or evaluation of AOCDC CME activities.

I have, or an immediate family member has a financial relationship or other affiliation with a proprietary entity producing health care goods or services.

Please check the relationship(s) (check all that apply):

- Research grants
 Speakers' bureaus*
 Ownership
 Consultant for fee
 Stock/bond holdings (excluding mutual funds)
 Employment
 Partnership
 Others (please list) _____

Please indicate the names of the organizations with which you or your spouse/significant other have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships please list on separate page:

Organization with which Relationship Exists	Clinical Area Involved	Nature of Relationship
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

- | | | |
|--|-----|----|
| • Did you participate in company-provided speaker training related to your proposed topic? | Yes | No |
| • Did the company provide you with slides of the presentation in which you were trained as a speaker? | Yes | No |
| • Did the company pay the travel/lodging/other expenses? | Yes | No |
| • Did you receive an honorarium or consulting fee for participating in this training? | Yes | No |
| • Have you received any other type of compensation from any company?
Please specify: _____ | Yes | No |
| • When serving as faculty for the CE Provider, will you use slides provided by a proprietary entity for your presentation/handout materials? | Yes | No |
| • Will your topic involve information or data obtained from commercial speaker training? | Yes | No |

Disclosure of Unlabeled/Investigational Uses of Products

The content of my material(s)/presentation(s) in the CME activity **will not** include discussion of unapproved or investigational uses of products or devices.

The content of my material(s)/presentation(s) in the CME activity **will** include discussion of unapproved or investigational uses of products or devices. Verbal disclosure will be made during the presentation.

Please specify off-label or investigational use: _____

If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the AOCD to identify a replacement.

Any individual refusing to comply with this policy and/or not disclosing relevant financial relationships on a timely basis (DEFINED AS THE INITIAL INVITATION AND TWO REMINDERS) will not participate in, have control of, or responsibility for, the development, management, presentation, or evaluation of AOCD CME activities.

***Relevant financial relationships are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity, and which relate to the content of the educational activity, causing a conflict of interest.**

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests – unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

Signature: _____ Date: _____

Social Security or Tax ID Number: _____ (required for tax reporting purposes)

(Electronic Signature accepted: Typed signature with date indicates electronic verification of the information provided.)

Please mail or fax this completed form to:

John Grogan
American Osteopathic College of Dermatology
P.O. Box 7525
Kirksville, MO 63501
Fax: (660) 627-2623