

Speaker Disclosure Form

University of South Carolina College of Pharmacy

It is the policy of the University of South Carolina College of Pharmacy and the Office of Continuing Education to ensure balance, independence, objectivity, and scientific rigor in all individually sponsored or co-sponsored educational programs. Any person who is engaged in content development, planning or presentation must complete this form. Individuals who fail to complete this form may not participate in the Continuing Education activity. All conflicts of interest will be resolved and disclosure made to activity participants. Please mark the appropriate boxes below and complete any required information.

CPE Activity/Program Title: Your Name: My role in this Program: <input type="checkbox"/> Faculty/Presenter <input type="checkbox"/> Author <input type="checkbox"/> Moderator <input type="checkbox"/> Panel <input type="checkbox"/> Planning Committee
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Disclosure

Conflict exists when you have a financial interest in a company and the opportunity to affect the continuing education program content about that company's product or service as it relates to your presentation at this program. Have you (or your spouse/partner) had a personal financial relationship in the past 12 months with the manufacturer of the products or services that will be discussed in this continuing education activity?

- No** I have no real or apparent conflicts of interest.
 Yes Please list your disclosures and resolutions below

Commercial Interest	List Your Role and Nature of Relevant Financial Relationship
Company	Examples: Recipient of grants/research support, honoraria, royalty, employee, consultant, speaker's bureau, board member, advisor or review panel member, independent contractor, ownership interest (stocks, stock options, or other ownership interest excluding mutual funds, holder of intellectual property rights or other (please identify). Use additional pages as necessary.

Off-label or Investigational Use of Medications or Devices

- I plan to discuss off label or investigational use of medications or devices in this program.
 I agree to state in my presentation and/or instructional materials that I am referencing information on off label or investigational uses of medications or devices.

Copyright Declaration

- I will adhere to Copyright Law as it pertains to educational programs for all information obtained from other sources, to the best of my knowledge, in preparing my presentation and/or instructional materials.**

Resolution of Conflict of Interest

If you indicated a conflict of interest above, please indicate below how the conflict of interest will be resolved:

Faculty, Presenters, Authors, Moderators, Panel Members

I will refrain from making recommendations regarding products or services
 I will recommend an alternative speaker
 I will divest myself of the financial relationship

Planning Committee Members, Meeting Coordinators

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

*Additional information may be requested to resolve the conflict of interest.
 Disclosure will be made to participants prior to the educational activity.*

CE Office Use | Date of Resolution of Conflict of Interest: _____ Resolved By: _____

Signature: _____ **Date:** _____