

CME FACULTY DISCLOSURE AND CONTENT VALIDATION

Nam	e Lakin McSorley		
You	role in the CME Activity: Presenter	□ Author □ Planning Committee □ I	Moderator Program Director
Acti	rity Title Art Therapy Techniqu	es	Activity Date 12/28/2022
Pres	entation Title /Topic(s) Art Therapy	y Techniques	
mus	disclose their relevant financial relationshicial relationships in any amount occurring Yes No Currently or in the past 24 commercial interest (any en	ips with commercial interests. "Relevan within the past 24 months. Refusal to o I months, have you (or your spouse/part htity producing, marketing, re-selling, or	disclose prohibits participation. Iner) had a financial relationship with a distributing health care goods or services
	u checked 'yes' above, please list all financibs. Attach a separate sheet if necessary. Affiliation/Financial Interest	atients; with the exception of providers o	nich have occurred in the past 24
1		Nume of commercial me	
	Grant/Research Support		
2	Consultant		
3	Speaker's bureau		
4	Stockholder or other ownership interest		
5	Board membership		
6	Other financial or material support	was af products and/or medical device	es in my lecture. If yes, please explain.
-			NOTE TO STATE OF THE PARTY OF T
E	Yes No I plan to discuss unpublishe	ed research data in my lecture. If yes, pl	ease explain.
mu ind ge su I u	nderstand the expectations for clinical conte ese expectations.	f patients. All scientific research referred design, data collection and analysis. I w ext of my presentation regarding clinical c ent validation and image authenticity and	I to, used, or reported must conform to the iill comply with the above expectations by ontent and recommendations for patient care, acknowledge my responsibility to abide by
Di	sclosure I understand my disclosure will be pryright Any materials provided by me for us	e communicated to the participants of the	f not I have been granted permission to use it.
A	testation I attest that any relationships/affi	liations will not bias or otherwise influence	e my involvement in the activity. 12/7/2022
- 100	akin McSorley	Date: 2022.12.07 14:57:41 -05'00'	Date
-	ignature By checking this box, I am providing my edd date on signature and date lines above).	lectronic signature approving all the infor	mation entered above. (Please enter name
P	ease return the completed form to ashley.k	noch@ahn.org	

Allegheny Health Network



Resolution of Conflict of Interest Form

Office of Continuing Medical Education Email completed form to: ahn.org

Please fill out this form and return to the CME Office. Conflicts of interest must be resolved for anyone involved in the planning, presentation or implementation of a CME activity who has disclosed relevant financial relationship(s) with commercial interest(s). This form must be completed prior to the activity.

Activi	ty Title and/or Presentation Title: Art Therapy	Techniques		Activity Date(s): 12/28/2022				
Name	e of Person with Conflict N/A	Speaker	Course Director	Planning Committee	Content Reviewer	Author		
	N/A			Committee				
		Other (list): N/A					
Rele	vant Financial Relationships: N/A							
What The A with a Wher When "confli of the How The p the C	icts of Interest is a conflict of interest? (ACCME Standard for Comit CCME considers financial relationships to create actual commercial interest and the opportunity to affect the core is the conflict? (SCS 2.1) the provider's interests are aligned with those of a comict with the interests of the public. The interests of the public do these circumstances create a conflict of interests of the piblic increasing the value of the financial relations ME – an incentive to insert commercial bias. Commercial reviewed the disclosure(s) of the individual listed as	mercial interest eople controlling (SCS 2.1) thip with the coal bias is prohibitations.	about the products at the interests of the age of the control of the control at the interest of the control at the control at the interest of the control at the control	or services of that e provider are in ys be aligned with creates an incentiv	what is in the	best interest		
(Cho	ose a minimum of one method and provide further e	xplanation as	needed.)					
	se methods for resolving Speaker, Author, Panel Me		nflicts					
Person's disclosed relationship(s) is not relevant to their presentation.								
	Explain why not relevant:							
	No changes to the content are required.(Content was re-	viewed and is f	air, balanced, object	ctive and free of bia	as)			
	The following changes were made to the content:							
	Content was reviewed and I attest that it is: a) valid and aligned with the interests of the public, b) All recommendations involving clinical medicine are based on the best available evidence, c) All scientific research referred to, reported or used in this presentation in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.							
e th	ese methods for resolving Course Director. Planning	Committee. M	loderator, Conten	t Reviewer, etc. c	onflicts			
	Person's disclosed relationship(s) is not relevant to their							
	Explain why not relevant:					-		
	I chose someone else who had no conflict of interest to control that part of the content or activity.							
	I changed the person's assignment so that it does not relate to their disclosed financial relationships.							
	I changed the session or activity so that it does not relate to the products/services of a commercial interest.							
1	Another planner participated in the planning process to	ensure fair bala	ance.					
Con	nments:							
la	ttest that the above information is true and accurate							
		kin McSorle	y, MA, ART-BC	, LPC	12/7/	2022		
	Signature	Print Na	ame and Degree			Date		
	/ED BY AGH CME: INITIALS	DATE	COM	DI ETE. V/M				