

## **CME FACULTY DISCLOSURE AND CONTENT VALIDATION**

Name	
Your role in the CME Activity: Presenter [	AuthorPlanning CommitteeModeratorProgram Director
Activity Title	Activity Date
Presentation Title /Topic(s)	
must disclose their relevant financial relationship	Commercial Support, everyone in a position to control the content of a CME activity os with commercial interests. "Relevant financial relationships" are defined as within the past 24 months. Refusal to disclose prohibits participation.
commercial interest (any ent	months, have you (or your spouse/partner) had a financial relationship with a tity producing, marketing, re-selling, or distributing health care goods or services tients; with the exception of providers of clinical service directly to patients)?
If you checked 'yes' above, please list all financia months. Attach a separate sheet if necessary.	al relationships with commercial interests which have occurred in the past 24
Affiliation/Financial Interest	Name of Commercial Interest
1 Grant/Research Support	
2 Consultant	
3 Speaker's bureau	
4 Stockholder or other ownership interest	
5 Board membership	
6 Other financial or material support	
Yes No I plan to discuss off-label us	ses of products and/or medical devices in my lecture. <b>If yes, please explain.</b>
Yes No I plan to discuss unpublished	research data in my lecture. If yes, please explain.
must be based on evidence that is accepted with indications and contraindications in the care of p generally accepted standards of experimental desupplying sufficient resources within the context	mendations involving clinical medicine in a continuing medical education activity nin the profession of medicine or dental medicine as adequate justification for their latients. All scientific research referred to, used, or reported must conform to the esign, data collection and analysis. I will comply with the above expectations by of my presentation regarding clinical content and recommendations for patient care, to validation and image authenticity and acknowledge my responsibility to abide by
<u>Disclosure</u> I understand my disclosure will be d	communicated to the participants of the activity.
	as handouts is my original material and if not I have been granted permission to use it.
Attestation I attest that any relationships/affiliat	tions will not bias or otherwise influence my involvement in the activity.
Signature	Date
•	tronic signature approving all the information entered above. (Please enter name
Please return the completed form to ashley.knoo	ch@ahn.org



RECEIVED BY AGH CME:

## **Resolution of Conflict of Interest Form**

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

\_COMPLETE: Y/N\_\_\_

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).

	ctivity Title and/or Presentation Title:		A	Activity Date(\$):						
N	ame of Person with Conflict	Speaker	Course Director	Planning Committee	Content Reviewer	Author				
		C Other (	liet\.							
	alayant Siranaial Dalatianahiran	Other (list):								
K	elevant Financial Relationships:									
wit Will Will "co of t Ho The	e ACCME considers financial relationships to creat a commercial interest and the opportunity to affer the conflict? (SCS 2.1) en the provider's interests are aligned with those inflict with the interests of the public. The interests he public.  If the provider interests of the public is the public interests of the public interests of the public.  If the public is the public is the public is the public interests of the public interests	of a commercial interests of the people controlling interest? (SCS 2.1) relationship with the commercial bias is prohibital listed above and res	t the interests of the confidence of the confide	or services of that ne provider are in ays be aligned with creates an incentiv	t commercial in the we to influence	best interest.				
•	ese methods for resolving Speaker. Author. P Person's disclosed relationship(s) is not relevant	anel Member. etc. con	•							
	Explain why not relevant:									
				es to the content are required.(Content was reviewed and is fair, balanced, objective and free of bias)						
	No changes to the content are required.(Content	t was reviewed and is fa	air, balanced, obje	ctive and free of bi	as)					
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