

CME FACULTY DISCLOSURE AND CONTENT VALIDATION

Name Erin Seifert Lavelle, MD

Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director

Activity Title OBGYN Annual Resident Research Day Activity Date 06/23/2023

Presentation Title /Topic(s)

In compliance with the ACCME's Standards for Commercial Support, everyone in a position to control the content of a CME activity must disclose their relevant financial relationships with commercial interests. "Relevant financial relationships" are defined as financial relationships in any amount occurring within the past 24 months. **Refusal to disclose prohibits participation.**

Yes No Currently or in the past 24 months, have you (or your spouse/partner) had a financial relationship with a commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on patients; with the exception of providers of clinical service directly to patients)?

If you checked 'yes' above, please list all financial relationships with commercial interests which have occurred in the past 24 months. Attach a separate sheet if necessary.

	<i>Affiliation/Financial Interest</i>	<i>Name of Commercial Interest</i>
1	Grant/Research Support	
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5	Board membership	
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Yes No I plan to discuss off-label uses of products and/or medical devices in my lecture. If yes, please explain.

Yes No I plan to discuss unpublished research data in my lecture. If yes, please explain.

Content Validation I understand that all recommendations involving clinical medicine in a continuing medical education activity must be based on evidence that is accepted within the profession of medicine or dental medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, used, or reported must conform to the generally accepted standards of experimental design, data collection and analysis. I will comply with the above expectations by supplying sufficient resources within the context of my presentation regarding clinical content and recommendations for patient care. I understand the expectations for clinical content validation and image authenticity and acknowledge my responsibility to abide by these expectations.

Disclosure I understand my disclosure will be communicated to the participants of the activity.

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Attestation I attest that any relationships/affiliations will not bias or otherwise influence my involvement in the activity.

Signature

Date

By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).

Please return the completed form to ashley.knoch@ahn.org