

CME FACULTY DISCLOSURE AND CONTENT VALIDATION

Name Amanda Traficante, Ph.D.

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

Activity Title OCD Treatment for Children and Adolescents Activity Date 7/20/23 & 7/21/23

Presentation Title /Topic(s) Training for therapists for the Treatment of OCD

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.**

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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.

	Affiliation/Financial Interest	Name of Commercial Interest
1	Grant/Research Support	
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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Yes No I plan to discuss unpublished research data in my lecture.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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Amanda Traficante
Signature

6/6/2023
Date

By checking this box, I am providing my electronic signature approving all the information entered above and also authorize the posting of my presentation on the www.aghcme.org website. (Please enter name and date on signature and date lines above).

Note: There is no set minimum dollar amount for relationships to be determined significant.

Please return the completed form to: Bailey Fialkovich by email bailey.fialkovich@ahn.org