

Name ARYAN MEKNAT

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

Activity Title Bedford Spring Candonascular Conference Activity Date 10/6/23

Presentation Title /Topic(s) VAO Tuplant in the setting of concommutation Disease 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 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.

	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 uses of	f products and/or medical devices in my lecture. If yes, please explain.
	Yes No I plan to discuss unpublished resea	arch data in my lecture. If yes, please explain

<u>Content Validation</u> 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

Signature

8/21/23 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).



Na	ne Bartcherry	0	
Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director			
Ac	livity Title		Activity Date 1/1/2023-12/31/2023
Pr	sentation Title /Topic(s) teaching Ci	onference, mé m	Journal Club Grand Rounds
Activity Title Activity Date 1/1/2023-12/31/202 Presentation Title /Topic(s) teaching CONFERENCE, ME M Journal Club, Grand Round 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 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.			
	Affiliation/Financial Interest	Name of Commercia	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	es of products and/or medical de	evices in my lecture. If yes, piease explain.
Yes No I plan to discuss unpublished research data in my lecture. If yes, please explain.			
the second se			

<u>Content Validation</u> 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

ho Sout Signature

12 /21 /2022

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).



Name			
Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director			
Activity Title Activity Date			
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 months. Attach a separate sheet if necessary.	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 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.			

<u>Content Validation</u> 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

Deepak Shan, MD

Signature

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).

Date



Name			
Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director			
Activity Title Activity Date			
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.			
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 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.			

<u>Content Validation</u> 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

Attestation I attest that an network of 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).



Name	SCOTT HAUBRENER		
Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director			
Activity Title Activity Date 1/1/2023 - 12/31/202			
Prese	Title Activity Date 1/1/2023-12/31/2023 ation Title /Topic(s) teaching CONFERENCE, ME M Journal Club, Grand Round Stance with the ACCME's Standards for Commercial Support, everyone in a position to control the content of a CME activity		
In com must d	ance with the ACCME's Standards for Commercial Support, everyone in a position to control the content of a CME activity close their relevant financial relationships with commercial interests. "Relevant financial relationships" are defined as		
	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)?			
	necked 'yes' above, please list all financial relationships with commercial interests which have occurred in the past 24 Attach a separate sheet if necessary.		
monuns	Affiliation/Financial Interest Name of Commercial Interest		
1 Gi	nt/Research Support		
2 Co	sultant		
3 Sr	aker's bureau		
4 St	skholder or other ownership interest		
5 Bo	rd membership		
6 01	er financial or material support		
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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

Signature

12/30/22 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).



Name Henry Towers, MD			
Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director			
Activity Title Ralial antery access case presentation Activity Date 1/1/2023-12/31/2023			
Presentation Title /Topic(s) Bodfard Conference			
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.			
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 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

mm Signature

Date 9/14/27

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).



Name	CANDICE LE	E
1100110		

Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director Activity Date 5/19-5/20/2-3 Presentation Title (Topic(s) thigh Kisk PE therayby is best performed by Interventionalist or In compliance with the ACCME's Standards to complisness to compliance with th 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 INO 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, Affiliation/Financial Interest Name of Commercial Interest 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 uses of products and/or medical devices in my lecture. If yes, please explain. No I plan to discuss unpublished research data in my lecture. If yes, please explain. Yes

<u>Content Validation</u> 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.

Copyright Any materials, provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

Signature

12/20/22 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).



Nar	ne WALVER ULL	regon	
You		Author Planning Committee Moderator Program Director	
	ivity Title	Activity Date	
Pre	sentation Title /Topic(s)	Commercial Support, everyone in a position to control the content of a CME activity	
mus	st disclose their relevant financial relationshi	ips with commercial interests. "Relevant financial relationships" are defined as 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. Affiliation/Financial Interest Name of Commercial Interest			
1	Grant/Research Support		
2	Consultant		
3	Speaker's bureau	Alsott, Arrane, Edwards	
4	Stockholder or other ownership interest		
5	Board membership		
6	Other financial or material support		
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.			

<u>Content Validation</u> 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

Signature

12.20-22 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).



Na	me		
Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director			
Ac	tivity Title	Activity Date	
Pr€	esentation 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)?			
	ou checked 'yes' above, please list all financia nths. 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 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.	

<u>Content Validation</u> 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

Signature

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 or bernice.sulkowski@ahn.org

Date



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

Presentation Title /Topic(s) Mitral Disease and Malignant Arrhythmia Syndromee 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.

	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 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it. Attestation I aftest/that any relationships/affiliations will not bias or otherwise influence my involvement in the activity. Date Signature

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).



Name SEAN FORCEST			
Your role in the CME Activity: XPresenter Author Planning Committee Moderator Program Director			
Activity Title UPDATES IN VASCUAR AND CARDIAC SURGRACTIVITY Date 10/6-7/2023 Presentation Title / Topic(s) TRICUSAD SURGRAY IN THE TRICLIP ERA			
Presentation Title Topic(s) TRICUSAD SURGERY IN THE TRICLIP ERA			
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 XNo 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. 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 XNo I plan to discuss off-label uses of products and/or medical devices in my lecture. If yes, please explain.			
Yes XNo I plan to discuss unpublished research data in my lecture. If yes, please explain.			

<u>Content Validation</u> 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

8/28/2023 Date

Signature

TBy 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).



Name Shruthi T			
Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director			
Activity Title Activity Date 1/1/2023-12/31/20	23		
Activity Title Activity Title Activity Date 1/1/2023-12/31/2023 Presentation Title /Topic(s) feaching CDMfcrence, Me, Mg, Jammal Clubb, Grand Ramds 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. 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 uses of products and/or medical devices in my lecture. If yes, please explain.			
Yes XNo 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

Signature

1/6/2023 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).



Na	Name Elisa Taffe				
Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director					
Activity Title Activity Date 1/1/2023-12/31/ Presentation Title Tropic(s) feaching CONFERENCE, ME M Journal Club, Grand Rom In compliance with the ACCME's Standards for Commercial Support, everyone in a position to control the content of a CME activity must depend to a control the control of a CME activity Palement fearbing and defend on					
Presentation Title Topic(s) teaching conference, Me My Journal Club, Grand Row					
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 XNO 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.					
Affiliation/Financial Interest Name of Commercial Interest					
1	1 Grant/Research Support				
2	2 Consultant				
3	3 Speaker's bureau				
4	4 Stockholder or other ownership interest				
5	5 Board membership	A			
6	6 Other financial or material support Expert intres	& leialcases			
Yes No I plan to discuss off-label uses of products and/or medical devices in my letture. If yes, please explain.					
Yes No I plan to discuss unpublished research data in my lecture. If yes, please explain.					

<u>Content Validation</u> 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 | understand my disclosure will be communicated to the participants of the activity.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

. Signature /

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



Name Masaki Tsukashita				
Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director				
Activity Title Activity Date 1/1/2023-12/31/20				
Activity Title Activity Title Activity Date 1/1/2023-12/31/2023 Presentation Title /Topic(s) <u>Flacking CM ference</u> , <u>MEM</u> , <u>Janual Club</u> , <u>Grand</u> Counds. 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. 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 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

Signature

12/20/ Date

22

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).



Name Whithey Taylor Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director Activity Title Bedford Springs Cardravasulas Conference Activity Date 10/06/23 Presentation Title /Topic(s) The TSCHEMIA Study Impact on Corporary Surgery 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.

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 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.			

<u>Content Validation</u> 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.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

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

Signature

08/22/23 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).