



To be completed by education staff.

Name of Individual:

Brian S. Sohn MD

Title of Continuing Education:

CME 2026 Education

Date and location of Education:

4/30/2026 Regional Learning Alliance

Individual's prospective role(s) in education

Identify the prospective role(s) that **you** may have in the planning and delivery of this education (*choose all that apply*)

- Planner
Examples: planning committee, staff involved in choosing topics, faculty, or content
- Teacher, Instructor, Faculty
- Author, Writer
- Reviewer
- Other

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to **BETH.STRAUSS@AHN.O** by **1/30/26**

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at **ahneme@AHN.ORG**

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

For specific examples of ineligible companies visit accme.org/standards.

Example: ABC Company

Enter the Nature of Financial Relationship

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Consultant

Has the Relationship Ended?

If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

X

In the past **24 months**, I have **not** had **any** financial relationships with any ineligible companies.

Signature Brian S. Sohn MD 3/26/26

3/26/26 3/26/26

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.



Allegheny General Hospital

CONTINUING MEDICAL EDUCATION ATTESTATIONS FOR CME PLANNERS, SPEAKERS, OR ACTIVE PARTICIPANTS

Please indicate your understanding of and willingness to comply with each statement below. They are based on requirements of the ACCME. If you have any questions regarding your ability to comply, please contact the Course Director as soon as possible.

On the Disclosure Form, I have disclosed all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in print. I understand that if I refuse to disclose relevant financial relationships with commercial interests, I will be disqualified from any role involved in the planning, management, presentation, or evaluation of this Series.

Agree Disagree

The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest or a commercial interest.

Agree Disagree

Content for this activity, including any presentation of therapeutic options, will be well balanced, unbiased, and to the extent possible, evidence based. Opinions that are not supported by evidence or are supported by limited or preliminary evidence will be so identified.

Agree Disagree

I have not and will not accept any honoraria, additional payments, or reimbursements for this CME activity beyond that which has been agreed upon directly with the Course Director.

Agree Disagree

I understand that the Course Director may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

Agree Disagree

If I am presenting at a live event, I understand that a CME Coordinator may be attending the event to ensure that my presentation is educational, and not promotional, in nature. If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research I refer to, report, or use in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.

Agree Disagree N/A

If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.

Agree Disagree N/A

If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.

Agree Disagree N/A

If I am presenting research funded by a commercial company the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

Agree Disagree N/A

First Name: Brian Last Name: Soul 

- I agree with the above statements and give permission according to the conditions outlined.
- I have carefully read and considered each item on this form and have completed it to the best of my ability.

Date submitted: 3/26/26

- No further action required.
- Further action required.

Course Director Signature:

Date:

FOR CME OFFICE USE ONLY-CONFERENCE: