



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:

Last Name:

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:

- No further action required.
 Further action required.

Course Director Signature:

Date:

FOR CME OFFICE USE ONLY-CONFERENCE: