

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.

live activities) an	d in print. I understa	nd that if I refuse to disclose rele	iships, and I will disclose this information to learners evant financial relationships with commercial intere sentation, or evaluation of this Series.	
□Agree	□Disagree			
		e information with which I am invo ess interest or a commercial inte	olved will promote quality or improvements in healtherest.	care and will not
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	ll not accept any hono ectly with the Course □Disagree		imbursements for this CME activity beyond that which	ı has been
		nay need to review my presentation advance as requested.	on and/or content prior to the activity, and I will provi	de
educational, and that is accepted value of the patients. All scier	not promotional, in r within the professio ntific research I refe	nature. If I am providing recomm n of medicine as adequate just	ator may be attending the event to ensure that mendations involving clinical medicine, they will be builtication for their indications and contraindication of justification of a patient care recommendation ction, and analysis.	ased on evidence ns in the care of
_	•	•	eneric names to the extent possible. If I need to use t just trade names from any single company.	trade names, I
If I have been trai	ned or utilized by a co	ommercial entity or its agent as a stition will not be included in any w	speaker (e.g., speaker's bureau) for any commercial in vay with this activity.	iterest, the
		a commercial company the inform promote the commercial interest N/A	nation presented will be based on generally accepted t of the funding company.	l scientific
First Name:		I	Last Name:	
_		nents and give permission accordi dered each item on this form and	ing to the conditions outlined. have completed it to the best of my ability.	
Date submitted:				
_	er action required. action required.			
Course Directo	or Signature:		Date:	