Disclosure Form

To comply with the Standards for Commercial Support set by the Committee of Continuing Medical Education (CME) at the College of Medicine and Health Sciences (CMHS); everybody who is involved in planning, organizing, and/or speaking in a CME accredited Event must disclose information regarding relevant financial relationships with commercial interests.

A SEPARATE DISCLOSURE FORM MUST BE SIGNED AND COMPLETED BY EACH SPEAKER PRESENTING AT THE CME EVENT

Event Title _____

Event Date _____

Speaker's name _____

A recent financial relationship with commercial interests is defined as you/your spouse or partner being a shareholder, consultant, grant recipient, research participant, employee, and/or recipient of other financial or material support from commercial interests within the **past 24 months**.

Due to conflicts of interest, individuals with substantive commercial interest are not allowed to plan and/or speak at a CME EVENT.

In regard to this requirement (please check one):

- ☐ **No disclosure**
- ☐ **I have had financial relationship with one or more organizations listed below within the past 24 months.**

List below the names of commercial interests/companies producing health care goods or services, with which you and/or your spouse/partner have or have had a relevant financial relationship within the past 24 months.

Name of Organization(s) _____

What is your relationship with the above organization(s)? (Check all that apply.)

- ☐ Employment
- ☐ Partnership
- ☐ Consulting
- ☐ Board Membership
- ☐ Teaching and Speaking
- ☐ Other activities (specify) _____
- ☐ Ownership interest (stock, stock options)
- ☐ Intellectual Property Rights (royalties or patent sales)
- ☐ Independent contractor (including contracted research)
- ☐ Membership on advisory committee or review panels

Date: _____ **Signature:** _____