

**CPD Medicine Program
CONFLICT OF INTEREST DISCLOSURE FORM**

All speakers, planning committee members, moderators, facilitators, and authors must complete this form and submit it to the identified CPD program's provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity.

Your Name			
Email Address			
Name of Activity			
Date of Activity	Start Date:	End Date:	
Your role in the CPD activity Check all that apply	<input type="checkbox"/> Member of the scientific planning committee <input type="checkbox"/> Speaker <input type="checkbox"/> Other:	<input type="checkbox"/> Moderator <input type="checkbox"/> Facilitator <input type="checkbox"/> Author	

I do not have an affiliation (financial or otherwise) with a for-profit and/or a not-for-profit organization to disclose.

I have/had an affiliation (financial or otherwise) with a for-profit and/or a not-for-profit organization to disclose. Please indicate the organization(s) with which you, your spouse, or an immediate member of your family have/had a relationship over the previous two years and describe the nature of that relationship. You must disclose this information to your audience both verbally and in your presentation or included in the written conference materials.

Type of Affiliation/Financial Support	Name of Commercial Organization	Self	Spouse or immediate family	Description of relationship
Consultant				
Member of an advisory board or speakers' bureau or equivalent with a commercial organization				
Patent on a drug, product or device				
Participating/Participated in funded Grants/Research Support/Clinical Trials				
Advisory Board Membership				
Received/will be receiving a grant or an honorarium from a for-profit or not-for-profit organization				
Received payment from an organization (including gifts, other consideration, or in-kind compensation)				
Hold investments in a pharmaceutical organization, medical device company, or communications firm, or not-for-profit organization				
Have a relationship with one or more other for-profit or not-for-profit organizations that fund this program				

Only speakers, moderators, facilitators and authors must answer the following two questions.

- I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. off-label use of medication). You must declare all off-label use to the audience during your presentation. Yes No
- I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusively and branding. Yes No

I Agree By clicking "I Agree" you are acknowledging that you have reviewed this Conflict of Interest form and that the above information is accurate and that you understand that this information will be publicly available.

Signature:	Date:
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Please email to: _____ Or Fax to: _____

For CPD Medicine Program Office Use – Conflict of Interest Resolution

- No conflict of interest.
- Conflict of interest resolved by:
- Conflict unable to be resolved, speaker cancelled.

Signature: _____ Role: _____ Date: _____