Full Disclosure for CME Activities

CME Activity

Presentation Title

Name

Role in CME Activity: _____ Planning Committee _____ Faculty/Author ________Guest Speaker

It is the policy of The University of Toledo Continuing Medical Education Department to ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities.

Please indicate all relationships with commercial interest in place during the past 12 months. Individuals who may influence content, such as planners, speakers, authors or others must provide this disclosure.

Commercial Interest: Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Financial Relationships: Those relationships in which the individual (or spouse/partner) benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected.

PLEASE COMPLETE AND SIGN EITHER NUMBER 1 OR 2

1. Neither I the undersigned, nor my spouse/partner HAVE/HAS had financial or other relationships with any commercial interest (during the past 12 months).

_____________________________ ________________________
Signature Date

2. Within the past 12 months I, the undersigned, or my spouse/partner HAVE/HAS had a financial arrangement or affiliation with the organizations or companies noted below.

<table>
<thead>
<tr>
<th>Affiliation/Financial Interest</th>
<th>Commercial Interest/Organization</th>
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<tbody>
<tr>
<td>Grant/Research Support</td>
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<tr>
<td>Consultant</td>
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<tr>
<td>Speaker’s Bureau</td>
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<td>Stock Shareholder</td>
<td></td>
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<td>Other Financial or Material Support</td>
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Addendum: The University of Toledo, as part of its accreditation by the Accreditation Council for Continuing Medical Education (ACCME) is required to “resolve” any potential conflicts of interest prior to the educational activity. Therefore, in light of the relationships/affiliations you designate, WE ASK THAT YOU ATTEST:

a. that these relationships/affiliations will not bias or otherwise influence your involvement in the CME activity;
b. that practice recommendations given relevant to the companies with whom you have relationships/affiliations will be supported by best available evidence or, absent evidence, will be consistent with generally accepted medical practice;
c. and, that all reasonable clinical alternatives will be discussed when making practice recommendations.

___________________________ ___________________________
Signature Date