

**Conflict of Interest: Disclosure and Attestation**

Volunteer Name:

Activity Tile:

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), AAPM&R must ensure balance, independence and scientific rigor in all of its sponsored educational activities. Anyone in a position to control the content of an activity (i.e. all participating planners and faculty) must disclose all relevant financial relationships (of any amount), including those of a spouse or partner from the past 12 months, with any commercial interest\* to AAPM&R. Relevant financial relationships can include such things as grants or research support, employment, consultant, stockholder, speakers’ bureau, etc.

\*A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not considered to be commercial interests.

FINANCIAL DISCLOSURE

This form **must be completed** even if you have no relevant financial relationships to disclose. Failure or refusal to disclose relevant financial relationships will result in disqualification from participating in the activity. Your information will be disclosed to all participants prior to the start of this activity.

If you **do not have any relationships** to disclose, click the checkbox below.

I have no relevant financial relationship(s) to disclose.

If you **have relevant financial relationships to disclose**, click the checkbox and complete the table below:

1. Identify the Organization and Relationship(s).
2. Enter one relationship per line. You may enter as many relationships as necessary.

I have relevant financial relationship(s) to disclose.

|  |  |
| --- | --- |
| **Affiliation / Company / Institution** | **Type of Relationship** |
| Example: XYZ Pharmaceuticals, Inc. | Research grants and Speakers’ Bureau |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Options for Type of Relationship:

* Advisory / Consulting / Other Remuneration
* Employment (Full or Part Time)
* Expert Testimony
* Gifts
* Honorarium
* Non-remunerative Positions of Influence
* Ownership or Partnership
* Receipt of Royalties
* Research Grants (paid to self, institution or practice)
* Speakers’ Bureau
* Stock Options / Bond Holding
* Other – Please specify above

FDA DISCLOSURE

Faculty members are also required to disclose the FDA clearance status of pharmaceuticals and medical devices discussed in any educational activity. Please make the appropriate selections below.

Not Applicable – This presentation does not include any FDA Investigational or Off-label uses of pharmaceuticals or medical devices.

**FDA Clearance Status**

I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will discuss or demonstrate during this educational activity. *If so, please complete the table below.*

**FDA Investigational/Off-label Use**

I agree to disclose to the audience whether a pharmaceutical or medical device introduced during this educational activity is classified by the FDA as “investigational” or “off-label” with respect to the intended use. *If so, please complete the table below.*

|  |  |
| --- | --- |
| **Pharmaceutical or Medical Device** | **Use you will describe in your presentation** |
|  |  |
|  |  |

DISCLOSURE AFFIRMATIONS (attested to by signing below)

* I have disclosed to AAPM&R all relevant financial relationships and I understand that AAPM&R will disclose this information to participants in advance of the activity.
* 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 of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
* 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 referred to, reported or used in CME in support of a patient care recommendation will conform to the generally accepted standard of experimental design, data collection and analysis.
* I have not and will not accept any honoraria, additional payments or reimbursements from a commercial interest for my participation in this activity.
* I understand that my presentation will be monitored to ensure that it is educational and not commercial in nature.
* If I am discussing specific health care 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.
* 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.
* I agree that if AAPM&R is considering or involved with any subject in which I have a conflict of interest, I will not participate in any discussion or action on that subject unless officially requested to do so by AAPM&R.
* I have read and understand AAPM&R’s Conflict of Interest Disclosure and Resolution Policy and agree to comply with the policy.
* I agree that if a potential conflict of interest arises which has not been reported previously, I will immediately notify AAPM&R in writing.

**I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that typing my name below serves as an electronic signature for purposes of this form.**

Date:

**Type Name (Electronic Signature)**