

## **DISCLOSURE FORM**

A conflict of interest may be considered to exist if a faculty member of an educational activity, or spouse or partner of that person, has financial relationships with the grantor or any commercial interest(s) that may have a direct impact on the content of the program. Financial relationship is defined as being a shareholder, consultant, grant recipient, research participant, employee, and/or recipient of other financial or material support. The participants in this CPD activity must be made aware of any such financial relationship(s). Full disclosure of any such financial relationship is required of all persons who may have control over the content.

This disclosure policy is intended to protect all parties involved from any potential conflict of interest that may arise. CAPA assumes responsibility for resolving these conflicts of interest.

Session Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Do you intend to discuss any unapproved/investigational use of a commercial product/device during this educational activity?

No  Yes (If yes, disclosure to the audience is required.)

I attest that my presentation will provide a balanced view of therapeutic options and will be entirely free of promotional bias.

No  Yes

### **Non-declaration Statement**

I, \_\_\_\_\_, declare that neither I nor my spouse or partner has a current financial relationship with the grantor and/or any commercial interest(s) that may have a direct interest in the subject matter of the CPD program.

*Signature Date:* \_\_\_\_\_

### **Declaration Statement**

I, \_\_\_\_\_, or my spouse or partner, , currently has a financial relationship with the grantor and/or commercial interest(s) that may have a direct interest in the subject matter of the CPD program.

### **Financial Relationship Name of Commercial Interest**

Honorarium

Consultant

Grants/Research Support

Stock Shareholder

Other Financial or Material Support

Speaker's Bureau

Employee

Other

*Signature Date*