



The Continuing Education and professional Development Declaration of Conflict of Interest Form

Part 1

All speakers, moderators, facilitators, authors, and sc submit it to the identified CPD program's provider or c to this page.				
I do not have an affiliation (financial or oth (Speakers, moderators, facilitators, and/or au they cannot identify any conflict of interest.)				
☐ I have/had an affiliation (financial or other	wise) with a for-profit	or not-	for-pr	ofit organization.
Complete the sections below that apply to you now or current year. Please indicate the for-profit and not-for briefly explain what connection you have/had with the audience both verbally and in writing.	-profit organizations with	h which	n yoʻu h	ave/had affiliations, and
	Name of for-profit or not- for-profit		Description of relationship(s)	
Any direct financial relationships including receipt of honoraria.				
Membership on advisory boards or speakers' bureaus.				
Funded grants, research, or clinical trials.				
Patents for a drug or device.				
All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity.				
Part 2				
Only presenters, moderators, facilitators, and authors r	presenters, moderators, facilitators, and authors must complete this section.			1
Proceedings of the control of the co		Chec	Check one	
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications).		Yes	No	You must declare all off-label use to the audience during your presentation.
I acknowledge that the <u>National Standard</u> requires that any descriptions of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner.		Yes	No	Failure to do this is a violation of the National Standard and the Mainpro+ and MOC Standards.
Part 3 Check all that apply. I am a:		•		☐ Author ——
Name/title of program/event:				
Acknowledgement		=		
I,, acknowledge the	hat I have reviewed the	declara	ation fo	orm's instructions and guidelines,
and that the information above is accurate. I understa CEPD Office should my affiliations change.	and that this information	will be	public	ly available. I will advise the
Signature:	Date:			