

## Continuing Education and Professional Development

## The Continuing Education and Professional Development Declaration of Conflict of Interest Form

## Part 1

	akers, moderators, facilitators, authors, and so it to the identified CPD program's provider or o page.				
	I do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations. (Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.)				
	I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization.				
current briefly	ete the sections below that apply to you now or year. Please indicate the for-profit and not-for explain what connection you have/had with the ce 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 dire	ect financial relationships including receipt raria.				
Membe bureau	rship on advisory boards or speakers' s.				
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	senters, moderators, facilitators, and authors r	must complete this secti	on		
only pro	, The same series of the series of and data of a made complete the sec		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 t am a:	hat apply.  Member of the scientific planning committ  Facilitator Dther (describe):		-		☐ Author
Acknow	le of program/event:, acknowledge the information above is accurate. I understa	hat I have reviewed the	declar		
	Office should my affiliations change.				
Signatu	ıre:	Date: _			

<sup>\*\*</sup> Note that this contract is valid for 2 years, provided that no changes are identified through the verification process prior to each use case of the document. \*\*