

## DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

Financial relationships in any amount occurring within the past 12 months that create a conflict of interest – (ACCME 1/05)

<b>Your Name:</b>		<b>Activity Date:</b>
<b>Conference Title:</b>		
<b>Presentation Title:</b>		

➔ **I (or my spouse/partner) have a relevant financial relationship with commercial interest.**

**No**     **Yes**    If yes, complete items 1 and 2 below:

1. List the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship **within the past 12 months**. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.
2. Describe what you or your spouse/partner received (e.g. salary, honorarium etc). National Association for Continuing Education does NOT want to know how much you received.
3. Describe your role.

Nature of Relevant Financial Relationship (include all those that apply)		
1. Commercial Interest <small>e.g. Pharmaceutical Company, Medical Supply Company</small>	2. What Was Received (not \$ amt) <small>e.g. Salary, royalty, intellectual property rights, consulting fee, honorarium, ownership interest (e.g., stocks stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit</small>	3. For What Role <small>e.g. Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify)</small>

For more space, please continue on the back of this form.

4. I will/will not (please circle) be discussing “off-label” uses of medications. If yes, please list medications:

➔ Signature: \_\_\_\_\_ Date: \_\_\_\_\_