

**Office of Continuing Medical Education, David Geffen School of Medicine at UCLA
FACULTY DISCLOSURE FORM**

It is the policy of the Office of Continuing Medical Education and the University of California CME Consortium to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Anyone engaged in content development, planning, or presentation must complete this form. **Persons who fail to complete this form will not participate in the CME activity.**

CME Activity Title:

Title of Presentation:

Live Presentation Date:

Please indicate your role in this CME activity: Presenter Author Course Director Moderator
 Planning Committee Member

Name:

DISCLOSURE

YES **NO** Have you had a personal financial relationship in the last 24 months with an ACCME-defined ineligible company defined as a company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients that will be discussed in this CME activity (planner) or in your presentation (speaker/author)?

If **NO**, skip to DECLARATION section below.

If **YES**, please list your disclosures *and* approaches to resolutions below.

ACCME Ineligible Company (e.g. Commercial Interest, etc.)	Nature of Relevant Financial Relationship
Name of Company	Employee, researcher, board member, consultant, advisor or review panel member, speaker, honorarium recipient, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
1.	
2.	
3.	
4.	
5.	

The following mechanisms have been identified to resolve conflicts of interest. Please check all that apply:

Presenters

- I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature. See suggested sources of best evidence at www.aafp.org/afp/2018/0915/p343.pdf
- I will refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis and/or research findings.
- I will recommend an alternative presenter for this topic for the planning committee's consideration.
- I will submit my presentation in advance to allow for adequate peer review.
- I will or have divested myself of this financial relationship.

Planners

- To the best of my ability, I will ensure that any speakers or content I suggest are independent of commercial bias
- I will recuse myself from planning activity content in which I have a conflict of interest.

Additional information may be requested to resolve conflicts of interest. Disclosure will be made to participants prior to the educational activity.

DECLARATION

1. I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
2. I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
3. I will inform learners when I discuss or reference unapproved or unlabeled uses of therapeutic agents or products.

Signature

Date