

ACMS 2008 Annual Meeting – May 1-4, 2008 – Hyatt Regency Vancouver
Vancouver, British Columbia, Canada

FULL DISCLOSURE STATEMENT

The Office of Continuing Medical Education at the University of Vermont requires that this form be completed by each faculty member (speaker), planning committee member and course moderator participating in a program designated for AMA Physician's Recognition Award Category 1 credit.

Please indicate if, during the past 12 months, you have had a financial interest, arrangement, or affiliation with a commercial entity which may impact your planning for this event and/or the content of your presentation. (i.e. grants, research support, honoraria, member of speakers' bureau, consultant, major shareholder, etc).

This form must be completed (and signed) whether or not there is a financial interest with a commercial entity. In addition, the faculty member must disclose when an unlabeled use of a commercial product or an investigational use not yet approved for any purpose is discussed during the educational activity. The content of presentations must be balanced and free of commercial bias (multiple therapies should be mentioned). All clinical recommendations must be based on the best available evidence.

Having a financial interest or other relationship with a corporate organization, **or discussing an unlabeled use of a commercial product**, may not prevent a speaker/planning committee member from taking part in this educational program. However, the existence of the relationship must be made known to the planning committee prior to the conference, so that any possible conflict of interest may be resolved prior to the talk.

CME Activity: ACMS 2008 Annual Meeting

Date/Location: May 1-4, 2007 – Hyatt Regency Vancouver, Vancouver, British Columbia, Canada

Faculty Member (speaker): _____

Title of Presentation: _____

I declare that I have a financial interest or other relationship with a commercial entity. This financial interest or relationship is specified below. Attestation Attached.

Company/Relationship: _____

I do not have any financial arrangements or affiliations with a commercial entity.

Will you be discussing the unlabeled use of a commercial product in your presentation?

Yes No

If so, please state use(s): _____

Signature/Date

The information you have provided will be communicated to the audience and will appear in the course syllabus. Failure to disclose will result in denial of credit or opportunity to present.

Rev. 4/2006

Please complete this form and return to:
ACMS, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202
Phone: (414) 347-1103 Fax: (414) 276-2146

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ATTESTATION FORM

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed to the University of Vermont all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in print.
<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the University of Vermont.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the University of Vermont may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting at a live event, I understand that a CME monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature.
<input type="checkbox"/>	<input type="checkbox"/>	If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
<input type="checkbox"/>	<input type="checkbox"/>	All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

***I have carefully read and considered each item in this form,
and have completed it to the best of my ability.***

Print Name

Signature

Date

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