

OFFICE OF CME
BRODY SCHOOL OF MEDICINE at EAST CAROLINA UNIVERSITY

FACULTY DISCLOSURE and ATTESTATION FORM
MUST BE COMPLETED BY ALL PERSONS INVOLVED IN APPROVED CME ACTIVITIES
REFUSAL TO DISCLOSE PROHIBITS PARTICIPATION

It is the policy of the Office of CME of the Brody School of Medicine to ensure balance, independence, objectivity, and scientific rigor in all of its sponsored or jointly sponsored educational programs.

Conflicts of interest develop when an individual has an opportunity to affect CME content about the products or services of a commercial interest with which he/she has a financial relationship. It is required that we document and disclose ANY financial or other relationships faculty have with any commercial interest (any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies). **The intent of this policy is to openly identify any such relationships so that a) the Office of CME of the Brody School of Medicine can identify any conflict of interest which may have been created and b) so that learners may form their own opinions as to whether the speaker's presentation reflects possible bias in either exposition or conclusion.**

PRESENTER'S NAME: _____

AFFILIATION/ADDRESS: _____

CME PROGRAM: _____

PLEASE INITIAL AS APPROPRIATE AND SIGN

_____ Neither I, the undersigned, nor my spouse/partner HAVE financial or other relationships with ANY commercial interest.

Signature

Date

_____ Within the past 12 months, I, the undersigned, or my spouse/partner HAVE/HAS a financial arrangement or affiliation with the organizations/companies noted below. (Please read and SIGN the addendum following)

Please list the name of any company with which you or your spouse/partner have any of the following associations:

NOTE: THERE IS NO NEED TO DISCLOSE ACTUAL FINANCIAL VALUE OF ANY AFFILIATION

Affiliation/Financial Interest

Name of Organization(s)

Grant/Research Support _____

Consultant _____

Speakers' Bureau _____

Stock Shareholder _____

Other Financial or Material Support _____

Addendum: The Brody School of Medicine, as part of its accreditation from the Accreditation Council on Continuing Medical Education (ACCME), is required to "resolve" any reported conflicts of interest prior to the educational program.

Therefore, in light of the relationships/affiliations you designate, WE ASK THAT YOU ATTEST:

1. that these relationships/affiliations will not bias or otherwise influence your involvement in the program;
2. that practice recommendations given relevant to the companies with whom you have relationships/affiliations will be supported by the best available evidence or, absent evidence, will be consistent with generally accepted medical practice;
3. and, that all reasonable clinical alternatives will be discussed when making practice recommendations.

Signature

Date fac-dis 1-05