

**DISCLOSURE OF CONFLICT OF INTEREST FORM**

Title of activity: \_\_\_\_\_

Organizer's name: \_\_\_\_\_

Affiliation/Commercial partnership(s): \_\_\_\_\_

Educator       Organizer       Planning Member

Other

The participants of a CE activity should be aware in advance of any potential conflict of interest that could influence the program from an educator, workshop organizer or planning member perspective.

A potential conflict of interest is to be understood as meaning any monetary benefit falling to the individual in connection with the products and services of commercial partnerships which are the focus of the program. For example, if the individual (1) acts as a scientific adviser for a pharmaceutical company, (2) accepts an invitation, royalties, a gratuity or compensation for services rendered, (3) receives research funding from a commercial partnership or (4) holds financial interest in a controlling company.

The purpose of disclosing potential conflicts of interest is not to prevent an individual with a conflict of interest from taking the floor, but rather to openly inform the participants beforehand of possible affiliations or financial interest so that they can make an informed assessment of the program's content.

STATEMENT	YES	NO
I have an actual or potential conflict of interest to report.		
I am a member of the board of directors (or any other committee) of this commercial partnership.		
I participated in the clinical study (or any other study) of the products of this commercial partnership.		
I participated in the development of this training, which was supported by this commercial partnership.		
As a speaker, I received compensation from this commercial partnership.		
I am affiliated with, or have financial interests in, this commercial partnership.		

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_