



SPEAKER DISCLOSURE & CONFLICT OF INTEREST FORM

Speaker Information (required for each)

Presenter Name:	<input type="text"/>	Credentials:	<input type="text"/>
Organization:	<input type="text"/>	Position:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

Presentation Information (required for each presenter)

Start Time:	<input type="text"/>	End Time:	<input type="text"/>
Presentation Title:	<input type="text"/>		
Learning Objective #1:	<input type="text"/>		
	<input type="text"/>		
Learning Objective #2:	<input type="text"/>		
	<input type="text"/>		
Learning Objective #3:	<input type="text"/>		
	<input type="text"/>		

Presentation Abstract:
(300 word maximum)

Presenter Name:

Speaker CV/Resume: *CV/Resume is needed for all non-LLU speakers. Please attach electronic copy.*

Speaker Bio

(300 word maximum)

Presentation Information (required for each presenter)

It is the policy of Loma Linda University, School of Public Health Continuing Education Department to make the best efforts to insure balance, independence, objectivity and scientific rigor in all programs which qualify for Continuing Education.

All persons participating in any program for which CE is awarded are expected to disclose to the program audience, any real or apparent affiliation that may have a bearing on the subject matter of their presentation.

The intent of this policy is to openly identify and potential conflict of interest so that listeners may from their own judgements about the presentation with the full disclosure of pertinent facts. Please be advised that no one can participate in the planing or implementation of a CE activity without full written disclosure.

Presenter Name:			
Presentation Title:		Lecture Date:	
Title of Event:		Event Date:	
Faculty Planner / Event Organizer:		Phone/Ext:	

Check ONE or BOTH of the applicable boxes if you are the PROGRAM PLANNER and/or CHAIRPERSON

PLEASE SEE NEXT PAGE FOR GLOSSARY OF TERMS

1. List the names of any commercial entities producing health care goods or services 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. (Non-profit or government organizations and non-health care related companies are exempt.)
2. Describe what you our your spouse/partner received such as salary, honorarium, consulting fees, royalties, grants, intellectual property, ownership interest, stock (excluding diversified mutual funds). etc.
3. Describe your role with the commercial interest such as speaker, researcher, employment, investor, management, independent contractor, teacher, membership on advisory or review committee, board member, consultant, etc.

1. Commercial/Financial Interest (Name of Company)	Nature of Relevant Financial Relationship - Include all that apply	
	2. What I received	3. My role

I do not have any relevant financial relationships with any commercial interests

By signing this form I agree that this information provided is complete and accurate to the best of my knowledge and that I am the person stated in the Speaker field. in addition, I agree that the information may be disclosed to the target audience; the quality and scientific integrity of this presentation will be maintained, including the use of generic/trade names and reporting any industry-based scientific research; and prior to or during my presentation, I will disclose if product(s) being discussed are not labeled for the use under discussion or are still investigational.

With my **signature** below, I agree that this information may be disclosed to the target audience and that the quality and scientific integrity of this presentation will be maintained, including the use of generic/trade names and reporting and industry-based scientific research.

Signature _____ Date

Glossary of Terms

Commercial Interest

The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or use on patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefits. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of all spouse or partner.

With respect to personal financial relationships, "contracted research" includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

Relevant Financial Relationships

The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers "content of CME about the products or services of the commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to financial relationships with commercial interests, when a person divests themselves of a relationship, it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has an financial relationship.