

FACULTY STIPULATIONS FORM

Title:

Faculty:

Date:

Please read, sign, and return. Your signature indicates that you agree to all and will follow each. If you don't sign this form, you will not be eligible to be faculty in an activity we have designated for AMA PRA Category 1 Credit™.

I have not involved any commercial company in this activity planning or in any other way.

I will not ask for nor accept payment for this activity from any entity other than the Medical Education Speakers Network.

I will use all generic drug names or all trade names in my presentation.

I will treat all medications in the class fairly and balanced.

I will first notify the learners before I talk about anything off-label.

I will first notify the learners before I talk about anything currently under research.

I will choose information to present from the evidence-based literature.

I will review, complete, sign, and send all CME forms to the CME Coordinator prior to the CME activity.

I will not invite any commercial company and/or representative to participate in this activity in any way. This includes, but is not limited to:

- a) Teach
- b) Answer learners' questions
- c) Have commercial materials inside the meeting room
- d) Supply slides with company/product name and/or logo
- e) Provide or distribute promotional materials
- f) Bring food
- g) Pay for anything
- h) Other ways you can think of to involve a commercial company without first discussing it with the CME provider

Your Signature

Date