

Planner Disclosure Form

It is our policy to ensure balance, objectivity, independence, and scientific rigor in all CME activities. Anyone engaged in activity content development, planning, or presentation must complete this form. "A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients."

Name: Elizabeth Sharif – Medical Education Speakers Network

Year: 2017

Responsibility: CME Committee Planner Other: Non-Commercial Speakers Bureau

DISCLOSURE

Yes No Have you (or your spouse/partner) had a financial relationship in the last 12 months with a commercial interest, as defined above, that could be discussed in any CME activity?

If you answered NO above, please sign:

To the best of my ability, I will ensure that any speaker or content is independent of commercial bias. I know what I disclose will be presented to learners in writing before the educational activity.

Signature: Elizabeth Sharif Date: 1/3/17

If you answered YES above, please list all relevant financial relationships and sign below:

Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, grants/research support recipient, board member, an independent contractor, stock shareholder (excluding mutual funds), speakers bureau, honorarium recipient, royalty recipient, clinical trials, the holder of intellectual property rights, other
1.	
2.	
3.	
4.	
5.	

If you checked "YES" above, we have to resolve a possible conflict of interest. The following mechanism has been identified to resolve a conflict of interest.

I will recuse myself from planning activity content in which I have a conflict of interest. To the best of my ability, I will ensure that any speaker or content is independent of commercial bias. I know what I disclose will be presented to learners in writing prior to the educational activity.

Signature: _____ Date: _____

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Name: Maria Anderson – Medical Education Speakers Network
Year: 2017
Responsibility: CME Committee Planner Other: Non-Commercial Speakers Bureau

DISCLOSURE

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If you answered NO above, please sign:

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 I know what I disclose will be presented to learners in writing before the educational activity.

Signature: Maria Anderson **Date:** 1/3/17

If you answered YES above, please list all relevant financial relationships and sign below:

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Signature: _____ **Date:** _____