

AffinityCE

Disclosure Form

As an accredited provider of Continuing Medical Education for health professionals, AffinityCE is committed to providing balance, independence, objectivity, and scientific rigor in all its educational activities. Accreditation policies require everyone with the potential to influence the content of an educational activity to disclose to the activity audience any relevant financial/non-financial interests or other relationships with commercial interests for a period of **one (1)** calendar year prior to the start of the educational activity. This includes your spouse or partner. A “**commercial interest**” is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. “Relevant financial interest or other relationship” can include such things as grants or research support; or being an employee, consultant, major stockholder, speaker’s bureau member, etc.

TITLE OF CE ACTIVITY: _____

FACULTY MEMBER/SPEAKER: _____ Activity Date: _____

I, the undersigned, (and my spouse or partner) have **NO** relevant financial or non-financial interest or other relationship with a commercial interest as defined above.

- Or -

I, the undersigned (or my spouse or partner), have the following financial arrangement or affiliation with a commercial interest (or interests) as defined above.

NOTE: There is no need to disclose the actual financial value of any affiliation.

Type of Affiliation or Financial Interest <i>(e.g., employee, speaker, consultant, principal investigator, grant recipient)</i>	Name of Commercial Interest

Unlabeled and unapproved uses: Presentations that provide information, in whole or in part, related to non-FDA approved uses for drug products and/or devices must clearly acknowledge the unlabeled indications or the investigational nature of their proposed uses to the audience. Speakers must disclose their intent to discuss non-FDA approved uses for commercial products and/or devices.

Yes, I intend to reference unlabeled/unapproved uses of drugs or products in my presentation and I agree to disclose this information to the audience as required by accreditation guidelines.

Drug(s) or product(s) to be discussed:

No, I do not intend to reference unlabeled/unapproved uses of drugs or products in my presentation.

The information provided above must be disclosed to learners before the start of the activity.

Please acknowledge and agree by typing your name on the signature line below:

Signature _____ Date _____

Please return to: support@affinityced.com • FAX: 703-263-0696