



## CUA Disclosure of Potential Conflict of Interest Form

All members of the SPC, speakers, moderators, facilitators and authors must submit this form to the CUA Office of Education. Disclosure must be made to the audience whether you do OR do not have a relationship with for-profit and not-for-profit organizations over the previous 2 years.

Name

Email

**I DO NOT** have a relationship with a for-profit and/or a not-for-profit organization to disclose.

Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.

**I HAVE** a relationship with a for-profit and/or a not-for-profit organization to disclose.

Complete the section below. **All financial or "in kind" relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.** Please indicate the profit and not-for-profit organization(s) with which you have/had affiliations, and briefly explain what connection you have/had with the organization. You must disclose this information to your audience both verbally AND in writing.

### For Planning Committee Members and Presenters:

Company/Organization      Details

I am a member of an Advisory Board or equivalent with a profit or not-for-profit organization.

I am a member of a speakers' bureau.

I have received payment from a profit or not-for-profit organization (including gifts or other consideration or 'in kind' compensation).

I have received a grant(s) or an honorarium from a profit or not-for-profit organization.

I hold a patent for a product referred to in the CME/CPD program or that is marketed by a commercial organization.

I am currently participating in or have participated in a clinical trial within the past two years.

All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

I currently hold a Leadership/Board position with another medical organization.



Title of program/event:

**For Presenters Only:**

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. off-label use of medications). You must declare all off-label use to the audience during your presentation.

YES      NO

I acknowledge that the National Standard requires that any descriptions of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding.

YES      NO

Acknowledgement:

I, \_\_\_\_\_, acknowledge that I have reviewed the declaration form's instructions and guidelines and that the information above is accurate. I understand that this information will be publicly available.

Signature:

Date: