

**CUA Declaration of Potential Conflict of Interest Form**

All Presenters and Planning Committee members must complete this form and submit to the Office of Education. Disclosure must be made to the audience whether you do or do not have a relationship with a commercial entity such as a pharmaceutical organization, medical device company, or a communications firm.

I **DO NOT** have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.

I **HAVE/HAD** an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

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 commercial 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 commercial organization.   |                      |         |
| I am a member of a Speakers bureau.  |                      |         |
| I have received payment from a commercial organization (including gifts or other consideration or 'in kind' compensation). |                      |         |
| I have received a grant(s) or an honorarium from a commercial organization.  |                      |         |
| I hold a patent for a product referred to in the CME/CPD program or that is marketed by a commercial organization.         |                      |         |
| I hold investments in a pharmaceutical organization, medical devices company or communications firm.                       |                      |         |
| I am currently participating in or have participated in a clinical trial within the past two years.                        |                      |         |



**For Presenters Only:**

|   |     |    |  |
|---|-----|----|--|
| I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. off-label use of medications) | yes | no | You must declare all off-label use to the audience during your presentation. |
|---|-----|----|--|

Title of program/event:

\_\_\_\_\_

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: \_\_\_\_\_