**Disclosure Form**

**(Revised: April 20, 2020)**

All presenters, authors, providers, expert reviewers, and planning committee members must complete and sign this form.

Standard 5 of CCCEP’s Standards of Accreditation, and Guideline G of CCCEP’s Accreditation Guidelines provide details regarding the requirements for disclosure and should be consulted for details.

|  |  |  |
| --- | --- | --- |
| **Learning Activity/ Program Title** | Click here to enter program title | |
| **Program Provider Name** | Click here to enter provider name | |
| **Program Sponsor** | No sponsor | Sponsored (Enter name)  Click here to enter sponsor name |

**Learning Activity/Program Affiliation [Click on all appropriate boxes]**

Provider  Author  Presenter/Speaker  Expert Reviewer  Planning Committee

Additional Presenter/Speaker following accreditation of a live program

**Disclosure [click on appropriate box(s)]**

I have no real or potential conflict to disclose **[go to Part 4: Declaration]**

I have real or potential conflict(s) to disclose [**Complete Parts 1, 2 and, if conference, Part 3]**

**Part 1: Disclosure of Conflicts of Interest**

Part 1: Complete the section below as it applies to your during the **past 24 months**. Indicate the commercial enterprise and briefly explain the connection you had with the organization. This information must be disclosed to your audience in writing and verbally (see sample disclosure slides contained in CCCEP’s Guidelines).

| **I am/have been:** | **Company/organization name and description** |
| --- | --- |
| A member on a commercial entity’s Advisory Board or similar committee |  |
| A member of a Speakers bureau |  |
| A recipient of a funds (grant, honorarium, gifts, “in-kind” compensation) from a commercial entity |  |
| A paid speaker for the commercial entity |  |
| A participant in research or clinical trials sponsored by a commercial entity or using products produced/marketed by a commercial entity |  |
| A patent holder for a product referred to in the presentation or marketed by a commercial entity |  |
| A salaried or contract employee of a commercial interest in the **past five years** |  |
| Other (Please describe) |  |

**Part 2: Non-Approved Recommendations** (Only Presenters and Authors must complete)

|  | **Yes** | **No** | **Requirement** |
| --- | --- | --- | --- |
| I intend to make therapeutic recommendations for medications that have not received regulatory approval (e.g., “off-label” use of medications). |  |  | If yes, you **must** declare all off-label use to the audience during the presentation |
| I intend to provide personal opinions and/or observations regarding a drug, product or device. |  |  | If yes, you **must** declare all personal opinions/observation to the audience during your presentation. |

**Part 3: Mitigation of Conflict of Interest [Must be Completed for Conference Presentations Only]**

Please describe the procedures you have or will use to ensure that this educational program is scientifically balanced and free from commercial bias.

I will conduct a comprehensive review of all relevant literature

I will support my presentation and clinical recommendations with the “best available current evidence” from the medical literature

I will refrain from making recommendations regarding products or services (e.g., limit presentation to the pathophysiology, diagnosis and/or research findings

I will have an expert review of the presentation materials

I will submit my presentation materials for a peer review

Other (please describe) [ *Enter description here .* ]

**Part 4: DECLARATION**

I declare that the information provided on this form is accurate and that I will uphold CCCEP standards to ensure scientific balance, objectivity, scientific rigor, independent judgment and freedom for bias in this learning activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter name. | | |
| **Signature** |  | **Date** | Click here to enter a date. |

Note: Form may be electronically signed