

# Naval Medical Leader and Professional Development Command

Name:

Activity Id:

Attachment 1&2

## BIOGRAPHIC DATA FORM

Name:		Rank, Corps (or Prefix):	Service: N/A
Phone #:		DSN #:	Fax #:
Business Address:			Email Address:
Position/Title:			
Degrees			
Degree Awarded	Institution	Major/Area of Study	Degree Year
Area of Expertise: (needs to be a short bio with yrs of experience):			

**Area of Expertise Example:** Colonel Jones is a board certified ophthalmologist. He has over 15 years experience as an ophthalmologist and is the subject matter expert in ocular trauma in the Army. He is the Residency Program Director for the ophthalmology program at Walter Reed Army Medical Center and has authored/co-authored numerous publications in ophthalmology with emphasis on ocular trauma injury.

# Naval Medical Leader and Professional Development Command

## FINANCIAL DISCLOSURE STATEMENT AND AGREEMENT FOR CME FACULTY, AUTHORS, AND MEMBERS OF PLANNING COMMITTEES

Activity Title:

Activity Date:

*As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), we require that anyone involved in the content of a CME activity disclose all relevant financial relationships with commercial interests within the past 12 months in order to assess if there are any potential conflicts of interest. A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the products or services of that commercial interest. Disclosure is required so that the planning committee, course director, and/or staff can resolve any conflicts prior to the presentation and so that participants may be informed about speaker disclosures. Speakers who do not disclose relevant financial relationships cannot be included in the CME activity. Faculty, authors, members of planning committees and staff should utilize the best available evidence when developing the content of the activity. Information on needs, expected results and purpose or objectives of this CME activity will be provided to learners. Participants will be asked to evaluate the objectivity of the presentation or publication and to identify any perceived commercial bias. We will also seek feedback from participants on the effectiveness of this CME activity through evaluations.*

*The definition of a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.*

**Section 1:** I have read the above and I declare the following:

Currently or within the past 12-months, neither I nor my spouse have (had) a financial relationship with any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. **(Skip to Section 3)**

Currently or within the past 12-months, I and/or my spouse have (had) a financial relationship with an entity or entities producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients as noted below. **(Complete Sections 1 & 2)**

Type of Relationship	Name of Company	Type of Relationship	Name of Company
Employment/Salary		Consultant/Advisory Board	
Stock Options/Holdings		Patent Owner	
Research Grants/Contracts		Speakers Bureau	
Royalties		Other (Specify)	
Honoraria		Other (Specify)	

**Section 2:**

The relationships above are not relevant to the topic I will be discussing. **(Skip to Section 3)**

One or more of the above relationships is relevant to the topic and content of my presentation. **(Complete A & B.)**

- A. Company or companies
  
- B. Please provide one or two evidence-based bibliographic citations relevant to your discussion of product(s) produced by the companies with which there is a potential conflict of interest.

**Section 3:** I hereby accept the invitation to participate as \_\_\_\_ Faculty \_\_\_\_ Author \_\_\_\_ Planning Committee Member, and agree to adhere to the ACCME's content validation statements: *1. All the recommendations involving clinical medicine in a CME activity are based on evidence that is acceptable within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. 2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.*

I understand that the information I provided on this form will be made known to the planners and participants of this educational activity.

Due to a conflict of interest, I decline to participate at this time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please note: Faculty and authors should use generic or scientific names whenever possible. If trade names will be used, then the trade names of all similar products of those within a class should be used. You are not permitted to receive any gifts, direct remuneration, or input regarding the content of your presentation from any commercial interests. Individuals who do not complete and submit this form cannot serve as faculty, authors or planning committee members.*