

## CME Case & Journal Speaker Form

### For Speakers at Case- or Journal-Discussion Conferences

**INSTRUCTIONS:** Save this form to your computer, enter the information requested below, save it, and email it back to the Activity Coordinator at least 1 week prior to the activity.

SPEAKER / PRESENTER INFORMATION	
Name (with credentials):	
Email:	Phone Number:
SPEAKER ROLE(S) – Please indicate your role(s) in this educational activity. Check all that apply.	
<b>Role in CME Activity</b>	<input type="checkbox"/> <b>Speaker or Presenter:</b> Session Title(s): _____  <input type="checkbox"/> <b>Author:</b> Session Title(s): _____  <input type="checkbox"/> <b>Moderator</b>

**CME Presenters only need to complete the form once each calendar year.**

FINANCIAL DISCLOSURE (This section must be completed by the speaker for him/herself.)	
Within the past 24 months, have you had a financial relationship in any amount with an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients?  <input type="checkbox"/> NO <input type="checkbox"/> YES – List those financial relations below and provide the following information about them:	
Company(ies):	Type of Relationship(s):

ATTESTATIONS: Please read the following attestations. By signing you agree to abide by the policies and regulations addressed in this form.	
<ul style="list-style-type: none"> <li>• I have disclosed all financial relationships requested. My financial relationships will <u>not</u> influence or bias the education at this activity. I will contact the Office of CME if there are any changes to my financial relationships prior to the start of the activity.</li> <li>• I acknowledge that the Office of CME may have someone attend or monitor the activity to ensure that the presentations, educational materials and activity are educational, not promotional, in nature.</li> <li>• The accredited education I provide will serve to maintain, develop, or increase the knowledge, skills &amp; professional performance &amp; relationships that a physician uses to provide services for patients, the public or the profession.</li> <li>• All content in my presentation and materials will be free of input from ineligible companies and hold no commercial bias. If required, I will submit my presentation material in advance for peer review and will make suggested changes.</li> <li>• The education I provide will be fair &amp; balanced and any clinical content supports safe and effective patient care.             <ul style="list-style-type: none"> <li>◆ All recommendations I provide for patient care will be based on current science, evidence and clinical reasoning and will give a fair and balanced view of all diagnostic and therapeutic options.</li> <li>◆ All scientific research that I refer to, report, or use in support or justification of my patient care recommendations will conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.</li> <li>◆ I will clearly identify any new or evolving topics that I address within my presentation, and I will do so without advocating for practices that are not based on current science, evidence, and clinical reasoning.</li> </ul> </li> <li>• The accredited education I provide in my educational materials (slides, abstracts, handouts, etc.) will be free of marketing or sales of all products/services including logos, trade names, or product group messages, and I will <u>not</u> actively promote or sell products/services that serve my professional interests.</li> <li>• I will obtain permission to use any materials and information used for my presentation to ensure that it does <u>not</u> violate any third-party copyrights or other property rights.</li> <li>• I acknowledge that the Office of CME may need to review my presentation and/or content prior to the activity and I will provide my educational materials in advance as requested.</li> <li>• By typing or signing my name below, I attest that the above information is accurate and complete, and I agree to comply with the policies above as I administer this CME activity.</li> </ul>	
SIGNATURE (Type or sign name):	DATE: