

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.	
Role in CME Activity	<input type="checkbox"/> Speaker or Presenter: Session Title(s): _____ <input type="checkbox"/> Author: Session Title(s): _____ <input type="checkbox"/> Moderator

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"> • 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. • 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. • The accredited education I provide will serve to maintain, develop, or increase the knowledge, skills & professional performance & relationships that a physician uses to provide services for patients, the public or the profession. • 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. • The education I provide will be fair & balanced and any clinical content supports safe and effective patient care. <ul style="list-style-type: none"> ◆ 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. ◆ 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. ◆ 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. • 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. • 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. • 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. • 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. 	
SIGNATURE (Type or sign name):	DATE: