**CME Disclosure Form**

**Series Title:**

**Series Code:**

CME Program Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nameof plannerer, presenter or moderator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supporting companies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In keeping with ACCME standards, CME participants must be informed about CME sponsor organization’s and speaker’s relationships with companies ***supporting this program*** (above) and ***any other company*** whose products or services may be discussed at this program.

For the **12 months** preceding this CME activity, please indicate **the relevant companies** (not dollar amounts) with which you had - or not had- the following types of relationships:

1. Companies that have paid you **honoraria** for speaking or moderating educational programs:

If NONE, please check \_\_\_\_\_\_\_.

2. Companies that have **compensated you** for services**, e.g., consultancies**

If NONE, please check \_\_\_\_\_\_\_.

3. Companies in which you hold **common stock**  *except* as part of managed portfolio:

If NONE, please check \_\_\_\_\_\_\_.

1. Companies that have supported your **research** , funded **clinical trials or drug studies** in which you participated. If NONE, please check \_\_\_\_\_\_\_.

5**.** Will you be discussing any product thatis ***investigational*** or ***not labeled for the use***under discussion *?* No\_\_\_\_ Yes \_\_\_\_\_ If “Yes,” please sign or initial the line below indicating that you will **inform the audience** that these uses are not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:**