

## DISCLOSURE OF FINANCIAL RELATIONSHIPS

<b>Name, Degree:</b>	
<b>Title of Activity:</b>	
<b>Activity Date:</b>	
<b>Please indicate Role :</b> <input type="checkbox"/> Speaker/ Author <input type="checkbox"/> Planning Committee <input type="checkbox"/> Course Director <input type="checkbox"/> Other: _____	

It is the policy of Touro University College of Osteopathic Medicine—California (TUCOM) to ensure balance, independence, objectivity, and scientific rigor in all its educational activities. All individuals who are in a position to influence content (speakers, planners, directors, moderators) are required to disclose if they, or their spouse or domestic partner, have had any relevant financial relationships with a commercial interest within the last 12 months. **A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.** Conflicts of interest occur when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. All conflicts of interest must be identified and resolved prior to the educational activity.

**DISCLOSURE:**

- Neither I, nor my spouse or domestic partner, presently have and/or have had within the past 12 months a relevant financial affiliation with a commercial interest.
- I, or  my spouse or domestic partner, presently have and/or have had within the past 12 months a relevant financial affiliation with a commercial interest. Please attach an additional list if necessary.

<u>Affiliation/Financial Interest</u>	<u>Name of Affiliated Organization (please print clearly)</u>
Grant/Research Support	
Consultant	
Speakers' Bureau	
Stock Shareholder	
Other Financial or Material Support	

**OFF LABEL DISCUSSION:**

I intend to discuss an off-label/investigative use(s) of a product(s)/substance(s).

- NO    YES; please explain \_\_\_\_\_

**DECLARATION:**

- I will uphold TUCOM standards to ensure balance, independence, objectivity, and scientific rigor in my role in planning this educational activity.
- Scientific research referred to, reported, or used by me will conform to the generally accepted standards of experimental design, data collection, and analysis.
- Any recommendations for clinical medicine will be based on evidence accepted within the profession and will include the source.
- I will comply with any steps necessary to resolve a conflict of interest prior to the educational activity.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

This disclosure is designed to protect all parties involved from any potential conflict of interest that may arise. If your disclosure status changes within this 12-month period, you must submit a revised disclosure form. All relevant financial interests will be disclosed to the learners prior to the start of the activity.

<b>CONFLICT OF INTEREST RESOLUTION</b> ( <i>CME Office use only</i> ) <input type="checkbox"/> <b>No Conflict(s) or Additional Action Required</b>		
Any conflict of interest (as identified above) was resolved via the following: <input type="checkbox"/> Good Practices Agreement		
<input type="checkbox"/> Peer Review <input type="checkbox"/> Relationship Ended <input type="checkbox"/> Omission of specific products <input type="checkbox"/> Removed from participation <input type="checkbox"/> Other _____		
_____ CME Office Signature (no relevant relationships)	_____ Role	_____ Date