

THE DULANEY FOUNDATION

Conflicts of Interest Resolution

CME Activity: _____

Activity Date: _____

Speaker Name: _____

You have indicated that your presentation will include discussion of products/services of commercial interests with which you have financial relationships. In keeping with ACCME Commercial Support standards we ask that you carefully read the following. Please indicate your understanding of and willingness to comply with each statement below.

Agree Disagree

I have disclosed all relevant financial relationships, and this will be disclosed to learners verbally and/or in print.

The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options will be well-balanced, evidence-based and unbiased.

When discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. I will make comparisons between products when feasible.

When discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.

If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.

I have carefully read and considered each item in this form, and have completed it to the best of my ability.

Signature

Date

Please fax completed form to The Dulaney Foundation at 434-978-4943.