It is the policy of the American College of Osteopathic Emergency Physicians to ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational programs. All content developers, faculty, and their immediate family must provide disclosure on any relevant financial relationships with commercial interests that have occurred within the last 12-months. A commercial interest is defined by the AOA as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.”

An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, teacher, or an author of continuing medical education (CME), and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

Examples of financial relationship may include but are not limited to the following: salary, royalty, stock options, consulting fee, or other financial benefit associated with roles such as speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which compensation is received or expected.

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DATE: __________________________________________
EMAIL ADDRESS: __________________________________________

My Role in the CME Activity listed is (check all that applies):

□ Content Development: Author, Researcher
□ Content Presentation: Faculty
□ Educational Content Planner

Do you, your partner or any immediate family member have any relevant financial relationships with any corporate organization associated with the manufacture license, sale, distribution or promotion of healthcare goods and services?

□ I have relevant financial relationships
□ Both I and a member family have financial relationship(s).
□ A member of my immediate family has relationship(s)
□ Neither I nor an immediate family member has financial relationship(s)
I have been sanctioned by another organization, college or board.  

YES  NO

If YES, Please explain below:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

*If you have no actual or potential conflict of interest in relation to this program or presentation, please skip the below information and proceed directly to the signature.*

If you have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation, please specify below:

<table>
<thead>
<tr>
<th>Affiliation/Financial Interest</th>
<th>Name of Organization(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant/Research Support</td>
<td>________________________</td>
</tr>
<tr>
<td>Consultant</td>
<td>________________________</td>
</tr>
<tr>
<td>Speakers' Bureau</td>
<td>________________________</td>
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<tr>
<td>Major Stock Shareholder</td>
<td>________________________</td>
</tr>
<tr>
<td>Other Financial or Material Support</td>
<td>________________________</td>
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</tbody>
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Please explain the nature of your financial relationship below:

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________________________________________________________________________________________
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Signature  Date

Your cooperation in complying with this standard is appreciated. Please return this form immediately.