



Speaker Disclosure Declaration

It is the policy of Hartford HealthCare, The Institute of Living, and the Office of Continuing Medical Education to insure balance, independence, objectivity, and scientific rigor in all individually or jointly sponsored educational programs. Anyone participating in the planning or presenting of any Hartford HealthCare sponsored program is expected to disclose to the program audience any real or apparent conflict (s) of interest that may have a direct bearing on the subject matter of the continuing medical education program. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of the facts.

CME Program: 2018 AADPRT Annual Meeting & BRAIN Conference

Program Date: February 28-March 3, 2018

Location: Hilton New Orleans Riverside

Speaker information

Speaker name:

Degree:

Title:

Institution:

Please indicate if this disclosure is for a:

☐ Workshop

☐ Poster

Workshop or Poster Title:

1. ☐ I **DO NOT** have an actual or potential conflict of interest in relation to this program.

Signature (please type signature)

Date

2. Will there be any discussion of products used for Non-FDA approved indications?

☐ Yes

☐ No

3. ☐ I **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.

Complete the remainder of this document if you checked the box for question #3

- | | |
|---|--------------------------|
| <input type="checkbox"/> Grant or research support | Name of organization(s): |
| <input type="checkbox"/> Consultant | Name of organization(s): |
| <input type="checkbox"/> Speaker's bureau | Name of organization(s): |
| <input type="checkbox"/> Major stock shareholder | Name of organization(s): |
| <input type="checkbox"/> Other financial or material interest | Name of organization(s): |
- List product name(s), if relevant:

Attestation

I verify that the above information is complete and accurate and I further acknowledge that my presentation and/or materials must provide a balanced view of the therapeutic options. When discussing off-labeled or investigational uses of a commercial product, these uses will be identified as such. I will use generic names of medications whenever possible. When I use trade names, I will include those of other companies that are on the market.

Speaker's signature

Signature (please type signature):

Date: