

Faculty Disclosure Declaration

It is the policy of The Institute of Living/Hartford Hospital, Office of Continuing Medical Education, to insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational programs. Anyone participating in any Institute of Living/Hartford Hospital 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. It remains for the audience to determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented.

CME Program: AADPRT 46th Annual Meeting

RETURN COMPLETED FORM TO SARA STRAMEL-BREWER AT EXEC@AADPRT.ORG

- ☐ Planner
☐ Presenter

Date of this Activity:

Presenter's Name:

Please indicate if this disclosure is for a: ☐ Workshop ☐ Poster ☐ Plenary Speaker

Title of this CME Activity:

1. I **do not have** actual or potential conflict of interest in relation to this program.

(Electronic signature is acceptable)

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.

PLEASE COMPLETE IF YOU ANSWER YES TO ANY ITEM IN #3

Grant/Research Support

Consultant

Speaker's Bureau

Major Stock Shareholder

Other Financial or Material Interest

List product name (s) if relevant

PLEASE COMPLETE IF YOU ANSWER YES TO ANY ITEM IN #3

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.

(Electronic signature is acceptable)

Date