



It is the policy of AMDA Continuing Medical Education to ensure balance, independence, objectivity and scientific rigor in all CME activities. CME content will be evidence based and free of commercial bias. Anyone engaged in content development, planning or presentation must complete this form. Persons who fail to complete this form may not participate in the CME activity. All identified conflicts of interest will be resolved, and disclosure will be made to activity participants.

**FULL DISCLOSURE FORM**

**Full Name**

(and credentials) \_\_\_\_\_

If committee disclosure, name committee \_\_\_\_\_

**CME Activity Title:**

\_\_\_\_\_ TMDA 2009 Annual Symposium \_\_\_\_\_

Activity Date

Disclosure Date

If committee, name year

09/11/09 - 09/13/09

**Your role:** (check as many as apply)

- Presenter /Author     Course Director     Moderator Panel     Planning Committee Member  
 Faculty     Staff     Committee member     Other \_\_\_\_\_

**DISCLOSURE**

**Conflict exists when you have a financial interest in a company and the opportunity to affect the CME content about that company's product or service as related to your presentation at this activity.** Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with the manufacturer of the products or services **that will be discussed in this CME activity?** **NO Skip to Declaration section YES Please list your disclosures and resolutions below**

Commercial Interest	List Nature of Relevant Financial Relationship
<b>Company</b>	<b>Examples: Recipient of grants/research support, honorarium, royalty; employee, consultant, speakers' bureau, board member, advisor or review panel member; independent contractor; stock shareholder (excluding mutual funds); holder of intellectual property rights, or other (identify)</b>
1.	
2.	
3.	
4.	

**RESOLUTION OF CONFLICT OF INTEREST**

Please indicate below how the conflict of interest will be resolved.

**Presenters, Authors, Course Directors, Moderators, Panel Members:**

- I will support my lecture and clinical recommendations with the "best available evidence" from the medical literature.  
 I will refrain from making recommendations regarding products or services, e.g., limit talk to pathophysiology, diagnosis, and/or research findings.  
 I will recommend an alternative speaker for this topic for the planning committee's consideration.  
 I will submit my talk in advance to allow for adequate peer review.  
 I will divest myself of this financial relationship.  
 As a course chair or planning committee member, to the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

**Planning Committee Members, Meeting Coordinators**

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.  
 I will recuse myself from planning activity content in which I have a conflict of interest.

Additional information may be requested to resolve conflict of interest. Disclosure will be made to participants prior to educational activity.

**DECLARATION**

I will uphold academic standards to insure balance, independence, objectivity and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I agree to provide verbal disclosure prior to my presentation at the activity.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this form. Please return this form to the program organizer via fax to 410-740-6649.**

If you have any questions regarding AMDA's Conflict of Interest Policy call 410-992-3140