

# Aerospace Medical Association

## PRESENTER/FACULTY FINANCIAL DISCLOSURE & CONFLICT OF INTEREST FORM

Dear Presenting Author:

As a sponsor accredited by the ACCME, the Aerospace Medical Association must insure balance, independence, objectivity, and scientific rigor in all of its directly sponsored educational activities. All individuals participating in a sponsored activity are expected to disclose to the audience any significant financial interest or other relationship with:

- 1) Manufacturer(s) of any commercial medical product(s) and/or provider(s) of commercial services discussed in an educational presentation; and
- 2) Any commercial supporters of the activity. (Significant financial interest or other relationship can include such things as grants or research support, employee, consultant, major stock holder, member of speaker's bureau, etc.). The intent of this disclosure is not to prevent a speaker with significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Please Note: This information is required for the Presenting Author and any other authors present during the session. Please make copies of this, if necessary to distribute to other authors.

**PLEASE COMPLETE THE FOLLOWING:**

I. Name of CME Activity (e.g., Aerospace Medical Association 78<sup>th</sup> Annual Scientific Meeting):

Aerospace Medical Association 78<sup>th</sup> Annual Scientific Meeting

Date and Time of Presentation:

Tracking ID# /Abstract#

\_\_\_\_\_  
Name of Presenter/Faculty:

\_\_\_\_\_  
Title of your Presentation(s):

II. a. Will your presentation include discussion of any commercial medical products or services?  
..... YES \_\_\_\_\_ NO \_\_\_\_\_ (If your answer was NO, go to III.)

b. If your answer was YES, do you have a significant financial interest or other relationship with the manufacturer(s) of any of the medical products or provider(s) of any of the medical services you intend to discuss? If YES, please list the manufacturer(s) or provider(s) and describe the nature of your relationship(s). You are also required to disclose this information to the audience at the beginning of your presentation.

..... YES \_\_\_\_\_ NO \_\_\_\_\_

III. Will your presentation be supported/sponsored (in any way whatsoever, including grants) by a manufacturer(s) of commercial medical product(s) and/or provider(s) of commercial medical services? If YES, please list (on the space provided below) the relevant commercial supporter(s) or sponsor(s) and describe the nature of your relationship(s). You are also required to disclose this information to the audience at the beginning of your presentation. .... YES \_\_\_\_\_ NO \_\_\_\_\_

IV. Do you agree to use generic names (instead of trade names) of medical products and/or devices during your presentation to give a balanced and unbiased view of therapeutic options? If NO, please explain why not (on the space provided below). YES \_\_\_\_\_ NO \_\_\_\_\_

V. Will your presentation include the discussion of unlabeled use(s) of a medical product and/or device, or an investigational use not yet approved? If YES, you are required to disclose to the audience at the beginning of your presentation, that such a product and/or device is not labeled for the use under discussion or that it is still investigational. YES \_\_\_\_\_ NO \_\_\_\_\_

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

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