

**IDENTIFICATION**

**Name**  
**Preferred Address**  
**Preferred Phone** **E-mail Address**

**ROLE IN THIS CONTINUING EDUCATION ACTIVITY**

Planning committee member  Presenter  Author

**VESTED INTEREST DISCLOSURE**

In attending any continuing education (CE) activity, participants must have all the pertinent information which allows them to judge the objectivity of the presented content. Anyone involved in planning or presenting CE content must disclose to participants any real, perceived or potential conflicts of interests or vested interests that may relate to that content. This requirement does not preclude an individual's participation in the CE activity where such an actual or potential conflict exists. It simply assures full disclosure so participants can make informed judgments about the content, deciding for themselves whether the content reflects a bias. Please sign the appropriate statement below and complete all information requested.

**My signature below indicates that I DO NOT HAVE an actual or potential conflict of interest or vested interest related to the planning or presentation of this CE activity.**

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

**My signature below indicates that I DO HAVE an actual or potential conflict of interest or vested interest related to the planning or presentation of this CE activity. I have indicated the nature of this interest.**

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

- Grant or research support. Company/organization:
- Consultant, advisory board or speakers' bureau. Company/organization:
- Stock shareholder. Company/organization:
- Employee. Company/organization:
- Other relationship. Company/organization:
- Other financial or material support. Company/organization:

**OFF-LABEL OR INVESTIGATIONAL USE DISCLOSURE**

If a speaker or author intends to discuss or present an off-label or investigational use of any therapy, product or device, participants must have this information with an explanation of the specific product or device and the nature of the off-label or investigational use. Please sign the appropriate statement below and complete all information requested.

**My signature below indicates that I WILL NOT discuss or present information related to an off-label or investigational use of a therapy, product or device during this CE activity.**

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

**My signature below indicates that I WILL discuss or present information related to an off-label or investigational use of a therapy, product or device during this CE activity. I have described the nature of this use.**

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

Nature of the off-label or investigational use: