

Faculty Disclosure Statement

St. John Hospital and Medical Center
Department of Continuing Medical Education

Title of CME Activity: _____

Speaker Name: _____

Title of Presentation: _____

Date the Presentation is to be held: _____

The Department of Medical Education of St. John Hospital is required to ensure the balance, independence, objectivity, and scientific rigor of all its CME programs. Every speaker must disclose via the Faculty Disclosure Statement to the program audience any real or apparent conflicts of interest that may have a direct bearing of the subject matter, such as relationships with pharmaceutical companies, biomedical device manufacturers, or corporations whose products or services are related to the subject of the presentation topic.

The intent is not to prevent a speaker with a potential conflict of interest from making a presentation but rather that any potential conflict is identified openly so the audience may determine whether the speaker's outside interests reflect a possible bias in either the exposition or the conclusions presented. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusions presented.

Please complete Items 1 - 2 and continue to Item 3 only if applicable:

1. Do you also have a significant financial interest or other relationship with the manufacturers of any products or providers of services you intend to discuss? (*Individuals need to disclose relationships with a commercial interest if both (a) the relations is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest.*)

____ No ____ Yes: If yes, please list the manufacturer, or provider, below and describe the applicable relationship(s):

Major Stock Shareholder with _____

Honorarium provided by _____

Grant/Research Support with _____

Consultant for _____

Speakers Bureau with _____

Other: _____

2. Will you discuss any non FDA-approved uses of products/providers of services?

____ No ____ Yes

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3. ***Please complete this question only if a applicable.*** Will your presentation include discussion of any investigational or off-label use(s) of a commercial product or device?

_____ No _____ Yes (if yes, please provide the information requested below):

Unlabeled/Investigational Commercial Product/Device that will be discussed during your presentation	Manufacturer of Commercial Product/Device that will be discussed during your Presentation.

Thank you for completing this statement. Your cooperation with this ACCME requirement is appreciated. The information will be shared with the audience at your presentation.

Faculty Signature: _____

Date: _____

Please return to: St. John Hospital and Medical Center
The Department of Medical Education
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