

Disclosure Form

YaleNewHavenHealth
Bridgeport Hospital

The Bridgeport Hospital CME Committee must ensure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. Therefore, all participants (activity organizers, program directors, committee members, and lecturers) in a sponsored event are expected to disclose any relevant financial relationships or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the CME activity. *The ACCME defines such "relevant financial relationships" as financial relationships of planner/speaker and spouse thereof, in any amount occurring within the past 12 months that created a conflict of interest. Anyone who refused to disclose is disqualified from the CME activity.*

If there are any changes in your or your spouses relevant financial relationship up to the date of the CME event, please inform our office immediately.

The intent of this disclosure is not to prevent a speaker, presenter, event organizer or committee member who may have influence over material from contributing, but rather to provide activity organizers and 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.

Although organizers and committee members may not actually present at a planned event, their responsibility of program planning, oversight and credit approval places them in positions to potentially influence educational events. The significance to influence, therefore requires full disclosure of potential conflicts of interests in the fulfillment of their responsibilities.

Have you (or your spouse/partner) had a relevant financial relationship in the last 12 months with a manufacturer of products or services that will be discussed in the CME activity?

- Yes
 No

Do you anticipate your presentation to include discussion of any off-label uses of a product?

- No
 Yes (Please Explain) _____

I attest to compliance with the ACCME Standards of Commercial Support as defined above.

Signed: _____ Date: _____