



Southeastern Fracture Consortium

Authorship/Poster Presenter Disclosure Form

This form is to identify and resolve conflicts of interest for all individuals responsible for the development, management, presentation, and/or evaluation of an activity conducted during a CME/CE approved activity

Purpose: To assure fair and unbiased presentation of valuable educational materials and to comply with the ACCME Standards for Commercial Support.

Who: Planning committee members, speakers, presenters, moderators, Activity Medical Directors, authors, etc.

How Often: Annually or within 30 days of terminating or acquiring a new relevant financial relationship.

Instructions: Read and complete each section of this form, ensuring that all check boxes are checked and that signature and date are affixed where indicated.

Title of Poster: _____

Contact Information of Individual Completing Form

Full Name: _____ **Degree(s):** _____

Affiliation: _____ **Specialty** _____ **Title:** _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

E-Mail: _____ **Phone:** _____ **Fax:** _____

Fair Balance, Independent Content Validation, Level of Evidence

- I understand that presentation, posters, slides/abstract/monograph, etc. may be peer reviewed and edited accordingly prior to the CME/CE activity occurring (or being released) and evaluated by participants for fair balance and to validate content.
- I attest that any and all clinical recommendations that I make for patient care as part of my planning and activity materials will be based on the best available evidence, that a balanced view of therapeutic options will be given, and the content will be in accordance with ACCME's Content Validation Statement.

Off-Label Uses and Limitations of Data

- I agree to make meaningful disclosure to the attendees during the SEFS 2016 when products or procedures I discuss are off-label, unlabeled, experimental, and/or investigational (not FDA approved), and any limitations on the information that I present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

Signature _____ **Date:** _____



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HIPAA, Copyright Permission(s), and Opportunity for Debate

- I attest that my CME/CE activity materials will be HIPAA compliant (i.e., I will use de-identified patient information when possible).
- I agree to obtain the necessary copyright permission(s) if any portion of my CME/CE activity materials that I prepare is not my original work or for which I do not hold the copyright.
- I agree to provide meaningful opportunity for questioning or scientific debate (live presentation).

Disclosure of All Financial Relationships

- A. *List the names of proprietary entities producing health care goods or services (commercial interests) with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a financial relationship within the past 12 months.* For this purpose the ACCME considers the financial relationships of your spouse or partner that you are aware of to be yours. Please refer to Page 5 of the "CME Policy & Procedure" for definitions of financial relationships (note: if you do not have any financial relationships to disclose, please skip to Part IV-D).
- B. *Delineate what you or your spouse/partner received (ex: salary, honorarium etc).* Please do not include amounts received.
- C. *Delineate your or your spouse/partner's role.*
- D. If you do not have any financial relationships to disclose, please clearly print "NONE" in the box below.

Commercial Interest	Nature of Financial Relationship (Include all that apply)	
	What was received?*	For what role?*
<i>Example: ABC Pharmaceuticals</i>	<i>Honorarium</i>	<i>Speaker</i>

*Explanatory Terminology	
What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.	Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking/ teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).

Signature: _____

Date: _____