

FACULTY DISCLOSURE STATEMENT

Presenter's Name: _____

Activity Title: _____

Date of Activity: _____

It is the policy of the Central Alabama Veterans Health Care System (CAVHCS) to insure balance, objectivity, and scientific rigor in all of its sponsored educational programs. All faculty participation in any activities which are designated for AMA-PRA credits are expected to disclose to the audience any real or apparent conflicts of interest that may have a direct bearing on the subject matter of the CME activity. All conflicts must be resolved prior to the activity. CAVHCS expects that all of its CME programs will adhere to the ACCME's content validation value statements. Specifically:

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards or experimental design, data collection and analysis.
3. The content or format of CME activities and related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
4. CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.
5. If your CME educational materials include trade names, trade names from several companies should be used where available, not just trade names from a single company.
6. Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

Please sign here to indicate you have read, understand, and will comply with the Content Validation statements.

Signature _____ **Date:** _____

Disclosure: List the names of proprietary entities producing health care goods or services, with the exemption of nonprofit or government organizations and non-health care related companies with which or your spouse/partner have, or have had , a relevant financial relationship within the past 12 months.

Commercial Interest	What I received	Your Role
Example: Company XYZ	Honorarium	Speaker

_____ I do not have any relevant financial relationships with any commercial interests.

Signature: _____ Date: _____

*Return to Rita McGraw via FAX 334-725-2856