

FACULTY DISCLOSURE FORM

In order to comply with the ACCME’s Updated Standards for Commercial Support, the American Psychiatric Association, as the CME provider of this activity, has implemented a new disclosure process to ensure that anyone who is in a position to control the content of the educational activity has disclosed all relevant financial relationships with any commercial interest within the past twelve months (**see enclosed glossary for definitions**). The APA has mechanisms in place to identify and resolve all conflicts of interest prior to an educational activity.

The prospective audience must be informed of the planners’ and presenters’ affiliations with relevant commercial organizations by an acknowledgement in the printed program and oral or visual disclosure to participants at the session. Disclosure by slide or overhead is required if audiovisual equipment is used for the presentation. **If an individual has no relevant relationships**, the learner must be informed of that as well. The APA also requires oral disclosure of discussion of unapproved uses of a commercial product or investigational use of product not yet approved for this purpose.

Each planner and participant (including co-chairpersons, discussants, and all authors) must return a completed Disclosure Form, even if no significant relationship exists. An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a faculty member, or an author of CME. (Photocopies of the Disclosure Form may be used)

DISCLOSURE OF FINANCIAL OR OTHER RELEVANT RELATIONSHIPS

_____ Neither I nor any member of my immediate family has any relevant financial relationship with any commercial interest.

_____ I (or an immediate family member) has a relevant financial relationship(s) with commercial interest(s).

List the name(s) and nature of relationship(s) with commercial interest(s) within the past 12 month. (Submit additional pages if necessary.)

Commercial Enterprise(s)	Relationship/Role

DISCLOSURE OF DISCUSSION OF “OFF-LABEL” OR INVESTIGATIONAL USES OF DRUGS AND DEVICES

_____ I will _____ I will not discuss unapproved uses of a commercial product, or investigational use of a product not yet approved for this purpose, during my presentation(s) at this educational activity.

If I have indicated a significant financial relationship and/or if I will discuss unapproved or investigational use of a product, I understand that I am responsible for disclosing this information to the audience at the beginning of my presentation.

BY SIGNING THIS FORM I COMMIT TO PRESENTING A FAIR AND BALANCED CME PROGRAM.

Name of Faculty (*please print*) Signature of Faculty

Phone number Email address Date