

# Northern California Psychiatric Society

A District Branch of the American Psychiatric Association

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## Faculty Disclosure Form & Conflict of Interest Resolution

It is the policy of NCPS to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Anyone engaged in content development, planning, or presentation must complete this form.

CME Program: 50<sup>th</sup> Annual Meeting and Scientific Program Date: February 27 – March 1, 2009

Please indicate your role in this CME activity:  **Presenter**  **Moderator**

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

### DISCLOSURE

**YES**  **NO** Have you (or your spouse/partner) had a personal financial relationship **in the last 12 months** with the manufacturer of the products or services that will be discussed in this CME activity (planner) or in your presentation (speaker/author)?

If **NO**, skip to **DECLARATION** section below. If **YES**, please list your disclosures *and* approaches to resolutions below.

#### Commercial Interest

#### Nature of Relevant Financial Relationship

Name  
of  
Company

Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other

1.  
2.  
3.  
4.

The following mechanisms have been identified to resolve conflicts of interest. Please check all that apply:

#### Presenter/Authors

- I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature.
- I will refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.
- I will recommend an alternative presenter for this topic for the planning committee's consideration.
- I will submit my presentation in advance to allow for adequate peer review.
- I will or have divested myself of this financial relationship.

Additional information may be requested to resolve conflicts of interest. Disclosure will be made to participants prior to the educational activity.

### DECLARATION

1. I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
2. I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA)
3. I will inform learners when I discuss or reference unapproved or unlabeled uses of therapeutic agents or products.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to: **NCPS • 1631 Ocean Avenue • San Francisco CA • 94112**