UBC CPD DISCLOSURE FORM

All presenters and planning committee members must complete this form and submit to UBC CPD. Disclosure must be made to the audience whether you do or do not have a relationship with a commercial entity such as a pharmaceutical organization, medical device company, or a communications firm.

I am a: ☐ **Presenter**　　☐ **Planner**

☐　**I do not have an affiliation** (financial or otherwise) with a commercial organization. You must disclose that you have no involvement with industry to your audience.

☐　**I have/had an affiliation** (financial or otherwise) with a commercial organization. You must disclose this information to your audience both verbally and in writing.

	Affiliation Type (past 2 years)	**Company/ Organization**	**How do you plan to manage potential conflicts of interest?**
A	I am a member of an advisory board or equivalent with a commercial organization		
B	I am a member of a Speakers' bureau		
C	I have received payment from a commercial organization (including gifts or other in-kind compensation)		
D	I have received/ will receive a grant or an honorarium from a commercial organization.		
E	I hold a patent for a product referred to in the CPD Activity or that is marketed by a commercial organization		
F	I hold investments in a pharmaceutical organization, medical device company, or communications firm		
G	I am currently participating in or have participated in a clinical trial within the past two years		
H	My spouse or close family member(s) have commercial affiliation(s)		
I	I have relationships with one or more for-profit or not-for-profit organizations that fund this program		

For Presenters only: **"Off-label" Use of Medications**

I intend to make therapeutic recommendations for medications that have not received regulatory approval

☐ **Yes, and I will declare all off-label use of medications to the audience**　　☐ **No I do not intend to discuss off-label use**

Name and Date of CPD Activity: _____

Acknowledgment: I, _____, acknowledge that the above information is accurate and I understand that this information will be publicly available.

Signature: _____Date:_____