DISCLOSURE OF RELATIONSHIPS WITH COMMERCIAL INTEREST / SPEAKER RESOLUTION
University of Cincinnati - Continuing Medical Education

SECTION 1:
The ACCME requires all individuals in a position to control the content of a certified CME activity to disclose all relevant commercial financial relationships occurring within the past 12 months. This includes financial relationships of a spouse/partner. Relevant relationships identified on the disclosure form (including the absence of such relationships) must be conveyed to the audience prior to the presentation.

TITLE of Program:
SAEM21

DATE of Program:
May 11-14, 2021

SPEAKER Name (include degree):

EMAIL Address (Required):

SECTION 2:
Please provide the following information regarding relationships you or your spouse/partner currently hold, or held within the last 12 months with commercial interests that manufacture or provide goods or services which are the subject of your presentation/participation in this activity.

During the last 12 months, have you or your spouse and/or partner had a personal financial relationship with the manufacturer or provider of any product or service relevant to your proposed presentation/submission or your ORGANIZATION of Employment:

Please indicate your role in this activity:

- [ ] Presenter / Speaker
- [ ] Moderator / Facilitator
- [ ] Planning Committee Member
- [ ] CME Committee Member
- [ ] Course Director
- [ ] Activity Coordinator

SECTION 3: COMMERCIAL INTEREST / NATURE OF RELATIONSHIP

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<tr>
<th>COMMERCIAL INTEREST</th>
<th>NATURE OF RELEVANT FINANCIAL RELATIONSHIP</th>
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<tr>
<td>Name of Company</td>
<td><em>List all relationships here and use separate sheet if needed.</em></td>
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<td>- LIST ALL</td>
<td>Identify the nature of each relationship referring to list above.</td>
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<td>Employee, grants/research support recipient, board member, advisor or review panel member, consultant, independent contractor, stock shareholder (excluding mutual funds), speaker’s bureau, honorarium recipient,</td>
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SECTION 4: SPEAKER RESOLUTION

Will you be discussing specific pharmacologic treatments or surgical procedures as part of your presentation? [ ] NO [ ] YES

Are the products discussed in your presentation produced or marketed by commercial entities with which you have disclosed a relationship? [ ] NO [ ] YES

Will you be presenting findings from specific research studies? [ ] NO [ ] YES

Have studies cited in your presentation been published in a peer-reviewed journal? [ ] NO [ ] YES

Do any of these studies make a recommendation for pharmacologic treatments or surgical procedures? [ ] NO [ ] YES

Did you have any affiliation with any of these studies? [ ] NO [ ] YES

Were any of these studies commercially funded? [ ] NO [ ] YES

SECTION 5: DECLARATION

- I understand that my presentation (slides, abstract, CME activity material, etc.) may be peer-reviewed for balance and content validity prior to the CME activity. If requested by the CME Office, I will forward my presentation for review.
- I attest that all clinical recommendations that I make for patient care as part of my presentation, discussion, and/or CME activity materials will be based on the best available evidence and that a balanced view of therapeutic options will be given.

Failure or refusal to do so will prohibit presenting at or participating in planning this activity.

SIGNATURE:  
DATE:  

(Revised 3/2017)