

CME Conflict(s) of Interest Disclosure

It is the policy of the Wright State University Boonshoft School of Medicine Continuing Medical Education (CME) Committee to ensure balance, independence, objectivity and scientific rigor in all CME activities.

All individuals in a position to influence the content of a certified CME activity must disclose any relevant financial relationship that might affect your independent involvement in the proposed CME activity. "Relevant financial relationship" is defined as a financial benefit that you, your spouse, or an immediate member of your family has had within the past 12 months. This pertains to salaries, royalties, intellectual property rights, consulting fees, honoraria, ownership interest or other financial benefits with pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is to ensure that any potential conflict will be identified openly so that the activity participants may form their own judgments about the presentation with the full disclosure of facts.

| the presentation with the full dis | | be identified openly so that the activity participants may form their own judgments about |
|--|--|--|
| Activity: Antimicrobe.org: Et | mpiric (Back Pai | <u>n)</u> |
| Date: 11/24/09 | | |
| Company: NA Contribution | <u>NA</u> | |
| Name: Michael J. Tan, MD | | |
| Role: Speaker P | Planning Committe | ee Member |
| this continuing medic I do have a financial | cal education activing interest/arrangeme | nt or affiliation with the organization offering financial support or an educational grant for vity. ent or affiliation with one or more organizations that could be perceived as a real or apparent subject of this continuing medical education activity, as follows: |
| Relationship | Self Family Member | List Names(s) of Commercial Entity(ies) |
| Affiliation/Financial Interest | | |
| Grant Research Support | | |
| Consultant | | |
| Speaker's Bureau | | Pfizer, Wyeth, Cubist, Ortho-McNeil |
| Major Stockholder | | |
| Other | | |
| activity. However, ACCME po person judged to have a conflict Please note the following from to relationships will be disqualified | licies describe pro t. the ACCME Stand d from being a pla | organization does not necessarily prevent you from participating in the proposed CME occdures for resolving conflicts of interest that may require limiting the role and input of any dards for Commercial Support: "An individual who refuses to disclose relevant financial unning committee member, a teacher or an author of CME and cannot have control of, or presentation or evaluation of a CME activity." |
| Will your presentation(s) includ | le discussion of an | y 'off-label' uses of any FDA approved pharmaceutical products or medical devices? |
| No ☐ Yes, please list the pr | roduct(s) and the ' | off-label' use to be discussed |
| Speaker Guidelines. | the accuracy of th | e information you have provided above and you have agreed to the Planning Committee and |
| Signature: | | |

Must complete if checked: "I do have a financial interest..." on the CME Conflict(s) of Interest Disclosure Form.

Having an interest or affiliation with a corporate organization does not necessarily prevent participation in the proposed CME activity. However, ACCME policies describe procedures for resolving conflicts of interest that may require limiting the role and input of any person judged to have a conflict.

| the rote and impact of any person judged to have a comment. | |
|--|----|
| Activity Title: Enperic (Back Pain | |
| Date of Activity: 2009-2011 | |
| Speaker/Presenter/Author: | |
| ☐ The financial relationship is not relevant to the educational assignment/presentation | |
| Presentation was reviewed and no bias was discovered | |
| Best available published evidence was used to support the presentation. All scientific data referenced or used as justification of patient care recommendations confirms to be generally accepted standards of experimental design, data collection and analysis. | |
| Presenter will be removed from program. | |
| Other: | |
| | |
| | |
| Albu Jac CME Director Signature and/or designated expert Date | |
| CME Director Signature Date | |
| Resolution should be returned if possible to planning committee for proper disclosure. Disclosure information including commercial support information and conflict of interest disclosures of all planning | |
| committee members and speakers will be communicated to the audience by: | |
| ☐ Verbal to Audience ☐ Registration Table Display ☐ Brochure/Announcement ☐ Instructional Materials | \$ |
| Planning Committee Chair/Committee Member Date | |