

2018 Faculty Disclosure Form

It is the policy of **Kansas Podiatric Medical Association (KPMA)** to insure balance, independence, objectivity, and scientific rigor in all its individually provided or jointly provided educational programs. All faculty participating in any **Kansas Podiatric Medical Association (KPMA)** continuing education activities are expected to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education program. This pertains to relationships with pharmaceutical companies, biomedical device manufactures, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent an instructor with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the learners may form their own judgments about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the instructor's outside interests may reflect a possible bias in either the exposition or the conclusion presented.

CE Activity _____ **Date** _____

Print Name _____

Please indicate your role in this CME activity (check all that apply):

- Presenter Moderator Author Course Director Planning/Approval Committee

Presenters/Authors

How do you plan to balance any potential conflicts of interest and keep your presentation free of commercial basis? (please check all that apply)

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.
- I will discuss the pros and cons of competing products in my presentation.
- I will submit my talk in advance to allow for adequate peer review.
- Not applicable

Planners/Course Director

- I will ensure that any speakers or content I suggest is independent of commercial bias.
- I will recuse myself from planning activity content in which I have a conflict of interest.
- Not applicable

Disclosure of Relevant Financial Relationships

Relevant financial relationships are those in which an individual in the last 12 months has had a personal financial (any amount) relationship with a commercial interest producing health care goods or services and/or who also has control over educational content (planning or presenting) about this activity.

- I have no actual or potential conflict of interest in relation to this program.
- I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Nature of Financial Relationship	Name of Company(s) and Relationship	Self	Spouse/ Partner
<input type="checkbox"/> Consultant			
<input type="checkbox"/> Speaker's bureau			
<input type="checkbox"/> Grant/research support (principal investigator or working directly for company/company's agent)			
<input type="checkbox"/> Stock shareholder (self-managed)			
<input type="checkbox"/> Honoraria			
<input type="checkbox"/> Full-time/part-time employee			
<input type="checkbox"/> Other			

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Faculty Disclosure Form – continued

If at any time during my presentation I discuss an off-label use of a commercial product/device, I understand that I must provide disclosure of that intent.

- No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).
- Yes, I do intend to discuss off-label use of a commercial product(s)/device(s) and agree to inform learners as such.
- Not applicable

Declaration

I will uphold **Kansas Podiatric Medical Association** continuing medical education standards and guidelines to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development, or presentation of this activity.

I understand that continuing education approval guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the approved CME provider or its educational partner.

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest will be managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.

Signature _____ Date _____