

THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development Faculty of Medicine

Disclosure of Conflict of Interest

The disclosure process is outlined in the UBC CPD Ethical Standard, based on the <u>National Standard</u>, which describes the requirements for gathering, managing, and disclosing financial relationships of members of the scientific planning committee (SPC) and content contributors (presenters, moderators, facilitators, authors) to participants.

CPD Activity Title			Da	Date(s):				
My role(s) in the CPD activity: (check all that apply):								
SPC Member	□ Speaker	□ Moderator	□ Facilitator	□ Author	□ Other			
MY FINANCIAL DI	SCLOSURE							
Disclose all financial relationships that could be seen by a reasonable, well-informed participant								
as having the potential to influence the content of the educational activity. This may include								

owner, employee, researcher, consultant, advisor, speaker, independent contractor, executive role,

royalties, individual stocks, stock options (diversified mutual funds do not need to be disclosed), etc.

Select one of the following statements:

O I do NOT have a relationship (financial or otherwise) with for-profit or not-for-profit organization(s) w/i past 2 years to disclose.

O I do have/had a relationship (financial or otherwise) with for-profit or not-for-profit organization(s) w/i past 2 years, as below:

	Relationship Type(s) (within past 2 years)	Name(s) of for-profit or not-for-prof entities	fit	Description of relationship(s)			
A	Any direct financial payments including receipt of honoraria						
В	Membership on advisory boards or speakers' bureaus						
С	Funded grants, research, or clinical trials						
D	Patents on a drug, product or device						
E	All other relevant investments or relationships						
Content contributors (presenters, moderators, facilitators, authors) ONLY:							
I intend to make therapeutic recommendations for medications that have not received regulatory approval ("off-label" use of medication)				You must declare all off-label use to the audience during your presentation.			
I acknowledge that the <u>National Standard</u> requires that any description of therapeutic options utilize generic names (or both generic and trade names) and do not reflect exclusivity and branding.			Yes O No	Failure to do this is a violation of the National Standard.			
ACKN	IOWLEDGEMENT						

I Agree	By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.			
Name:		Date:		