



PLANNER/SPEAKER DISCLOSURE FORM

All scientific planning committee (SPC) members, speakers, moderators, facilitators, instructors and authors must complete this form. Disclosure must be made to the audience indicating whether you have or have not had relationships with for-profit or not-for-profit organizations within the **past 2 years**. UBC CPD reviews the disclosure forms of the SPC members and employs [Conflict of Interest \(COI\) Management](#) as required. SPC members review the disclosed financial relationships of their presenters, facilitators, instructors and authors, as well as of each other. All disclosures will be summarized and made available to participants.

My role in this CPD activity is (select all that apply): **Planner** **Speaker** **Moderator** **Facilitator**

Select one of the following statements:

- I do not have an affiliation** (financial or otherwise) with for-profit or not-for-profit organizations. Presenters must inform the audience with the statement “I have nothing to disclose” both verbally and on a disclosure slide.
- I have/had an affiliation** (financial or otherwise) with for-profit or not-for-profit organizations. Presenters must disclose this information to the audience both verbally and on disclosure slides.

	Affiliation Type (past 2 years)	Company/ Organization	How do you plan to manage any potential conflicts of interest related to this disclosure?
A	I am a member of an advisory board or equivalent with a for-profit company/organization		
B	I am a member of a speakers' bureau		
C	I have received payment from a for-profit company/organization (eg. honoraria, grants, gifts, in-kind compensation, etc.)		
D	I hold a patent for a drug, product, or device.		
E	I hold investments in a pharmaceutical company, medical device company, or communications firm.		
F	I am currently participating, or have participated in a clinical trial.		
G	I have a relationship with one or more other for-profit or not-for-profit companies/organizations		

Speakers only: *Presenters must declare all off-label use of medications to the audience.*

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 of CPD Activity: _____

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

Signature: _____ Date: _____