



**ASSOCIATION OF ACADEMIC PHYSIATRISTS**  
**Disclosure of Relevant Financial Relationships**  
**2010 AAP Annual Meeting**

**Presenter/Faculty Name:** \_\_\_\_\_

**Title of CME Activity:** \_\_\_\_\_ **Poster Board #:** \_\_\_\_\_

**Date of CME Activity:** April 6-10, 2010

**Title of Presentation:** \_\_\_\_\_

As a sponsor accredited by the Accreditation Council for Continuing Medical Education, The Association of Academic Physiatrists must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored educational activities. All faculties participating in a sponsored activity are expected to disclose to the activity audience any significant financial interest or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity. (Significant financial interest or other relationship can include such things as grants or research support, employee, consultant, major stock holder, member of a speaker's bureau, etc.) The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion. Presentations reporting the results of scientific research offered by a commercial entity shall be accompanied by a detailed outline of the presentation, which shall be used by the accredited sponsor to confirm the scientific objectivity of the presentation. Such information must conform to the generally accepted standards of experimental design, data collection and analysis.

**Please Complete Sections I and II.**

**Section I**

1. **List the names of proprietary entities** producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.
2. **Describe what you or your spouse/partner received** [*What was received includes: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit*]. The AAP does NOT need to know how much you received.
3. **Describe your role** [*Role(s) include: Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify)*]

Commercial Interest	Nature of Relevant Financial Relationship <i>Include all those that apply</i>	
	What was received?	For What Role?
Example: Company "X"	Honorarium	Speaker

I do not have any relevant financial relationships with any commercial interests.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## GLOSSARY OF TERMS

**Commercial Interest:** The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organization and non-health care related companies

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

**Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

## Section II

**Please mark one of the following:**

- I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and **DO NOT** intend to discuss or demonstrate any pharmaceutical or medical device for which FDA clearance has not been approved. I agree to disclose to the audience if an unapproved/investigative use of a commercial product/device is introduced by an attendee during the educational activity.
  
- I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and **DO** intend to discuss or demonstrate utilization of a pharmaceutical or medical device for which the FDA has not granted approval. Accordingly, I agree to disclose to the audience whether the pharmaceutical or medical device is classified by the FDA as “investigational” or “off-label” with respect to the intended use. Please identify the pharmaceutical or medical device and the use you will describe:

Pharmaceutical or Medical Device: \_\_\_\_\_

Use you will describe: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return to the AAP by December 1, 2009**

**Mailing Address:**

4040 Ridgeview Road  
Anderson, Indiana 46013  
Via fax: 1-765-374-0684

**The ACCME requires the AAP to have this form on file for all speakers / presenters.  
Failure to disclose or return of this signed form will result in denial of presenting.**

**For more information or to ask question, please contact Lynn Lawson via email: [lylawson@physiatry.org](mailto:lylawson@physiatry.org)  
or by calling 1- 317-431-3368**