

Association for the Advancement of Restorative Medicine

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DISCLOSURE OF RELATIONSHIPS JOURNAL AUTHORS and CONFERENCE SPEAKERS

Identifying and Resolving Conflicts of Interest in Continuing Medical Education

AARM requires that any person in a position to influence or control content of a CME activity must disclose all relevant financial relationships with commercial interests. All Conflicts of Interests must be identified and resolved prior to the CME activity. Please submit form as soon as possible but <u>at least 6 weeks prior to the</u> <u>activity</u> to allow for resolution of conflict of interest. <u>Refusal to disclose relationships per policy prohibits</u> participation as an author, planner or speaker in a CME activity.

CME Activity Title: Journal of Restorative Medicine Activity Date:

Name:						
Check one:	Faculty	Course Director	Planning Committee	Author	Moderator	
Presentation Title:						

<u>Commercial Interest</u>: Any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exception of non-profit, government organizations and non-health care related companies.

<u>Relevant Relationship:</u> A financial relationship is "relevant" if it pertains to the activity's content matter including any related health care products or services to be discussed or presented. If a conflict of interest exists it must be resolved. Relevant financial relationships or the lack of such relationships will be disclosed to learners prior to the beginning of the educational activity.

1. In the past 12 months have you or an immediate family member had any financial relationships with a commercial interest that have a direct bearing on the subject matter of the CME activity?

Yes No if yes please complete table below

Type of Affiliation/	Name(s) of Commercial Interest(s)	Relations	Relationship (check one)	
Financial Interest		Active	Terminated	
Advisory Board or Panel				
Author				
Consultant				
Grants/Research Support				
Other Financial or Material Support				
(royalties, patents, etc.)				
Salary, Contractual Services				
Speaker's Bureau				
Stock/Shareholder (self-managed)				

IF YOU ANSWER NO TO ABOVE QUESTION, SKIP to question #3 below

- 2. If you have relevant relationships, do you feel you are able to present the content of the CME activity in a fair and unbiased manner? (Faculty/Author only)
- 3. I attest that I am **not** receiving direct payments from a commercial entity with respect to this activity.

1	Yes
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No

CONTENT VALIDATION

 \square My recommendations involving clinical medicine in this CME activity will be 1) based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients,

2) all scientific research referred to, reported or used in CME in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

If requested I will submit my presentation for review at least 30 days prior to the CME activity.

Signature:_____Date: _____

By checking this box and typing my name and date in the signature line above, I am providing my electronic signature approving all the information entered above.