As a CME provider accredited by the ACCME, Rutgers, The State University of New Jersey must insure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. As such, Rutgers requires all individuals in a position to control the content of an educational activity to provide a signed disclosure form to the Center for Continuing and Outreach Education (CCOE) prior to the planning of the activity. In order to ensure its CME activities promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest, CCOE will identify and resolve all conflicts of interest prior to the planning of the activity. Based on this disclosure information, CCOE may disqualify any individual from planning and implementation if a conflict of interest that may contribute to commercial bias is determined to exist and cannot be resolved.

Individuals are required to disclose all relevant financial relationships with commercial interests (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in any amount as well as the nature of the relationship within the past 12 months. In addition, an individual directing/recommending content that includes information, in whole or in part, related to non-FDA approved uses for drug products or devices, must indicate his/her intention to CCOE by way of this form. The individual must also clearly identify the unlabeled indications or the investigational nature of the proposed uses to the learner.

In accordance with the Essential Elements and Standards of Commercial Support set forth by ACCME, the undersigned understands and accepts the policies and standards as set forth in this document.

All disclosure declarations must be communicated to the learner by means of a notation in the program or syllabus, or verbally by the activity director or moderator prior to the beginning of the activity. Individuals who do not provide the requested disclosure information will be disqualified from participating in the development and delivery of a CME activity.

Activity Title

Name

Please answer all the questions on both pages and sign on page 2.

1. Do you or any member of your immediate family have any relevant financial relationships with commercial interests (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in any amount within the past 12 months?
   □ Yes   □ No

   a) If Yes, please list (attach separate page if necessary) the commercial entities with the type of relationship listed below.
      Grant/Research Support
      Consultant
      Speakers Bureau
      Patent Holder
      Member, Scientific Advisory Board
      Member, Board of Directors
      Stock Shareholder
      (directly purchased)
      Other Financial Support (specify)
      Other Relationship/Affiliation (specify)

   b) If Yes, will the direction/recommendations of content you provide include discussion of specific products/services of the commercial entities you’ve listed above?
      □ Yes   □ No
c) **If Yes**, list the specific product(s)/service(s) of the commercial entity(ies) and the medical indication(s) associated with the relationship(s)?

2. **During the development of this activity, I attest to the following:**

   a) The content and/or the presentation of information at this activity will promote improvement and quality in healthcare, and will not promote a specific proprietary business interest of a commercial organization.
   - [ ] Yes  [ ] No

   b) Recommendations involving clinical medicine presented in this activity will be based on evidence that is accepted within the profession of medicine that adequately justifies the indications and contraindications in the care of patients.
   - [ ] Yes  [ ] No

   c) Scientific research referred to, reported or used in this activity supports or justifies patient care recommendations and conforms to generally accepted standards of experimental design, data collection and analysis.
   - [ ] Yes  [ ] No

   d) Research findings and therapeutic recommendations presented in this activity will be based on scientifically accurate, up-to-date information and presented in a balanced, objective manner.
   - [ ] Yes  [ ] No

   e) Suggest speakers/content that will be independent of commercial bias.
   - [ ] Yes  [ ] No

   f) Provide assistance in identifying, managing, and resolving any speakers’ conflicts of interest when required.
   - [ ] Yes  [ ] No

   g) Recuse myself from planning/reviewing activity content in which I have a conflict of interest.
   - [ ] Yes  [ ] No

3. **Will your recommendations during the planning of this activity include discussion of unlabeled/investigational uses of a commercial product?**
   - [ ] Yes  [ ] No
   a) **If Yes**, list the specific product(s) and the off-label or medical indication(s).

I **certify that the information I have provided is true and complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions. I will uphold academic standards to ensure balance, independence, objectivity and scientific rigor in my role in the development and implementation of this educational activity.**

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<th>Conflict of Interest Present</th>
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If yes, indicate mechanism to resolve conflict of interest in the right column.

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| CCOE review  Activity director review  Activity planning committee review  Balanced planning committee representation  Individual endorses evidence-based practice recommendations  Individual will refrain from making clinical recommendations  Individual recusal from specific activity content pertaining to clinical recommendations  Unable to resolve individual’s conflict of interest  Other; specify |