SPEAKER & FACULTY DISCLOSURE FORM - 2

Tulane University

Health Sciences Center
Center for Continuing Education

QUESTIONNAIRE TO RESOLVE IDENTIFIED CONFLICTS OF INTEREST

(Return with Speaker & Faculty Disclosure Form - 1)

NAME: _____

ROLE/S (please check all that apply): **[ ] Speaker [ ] Abstract Author [ ] Activity Director [ ] Moderator [ ] Planning Committee Member [ ] Department CME Liaison**

ACTIVITY NAME/DATE: 2nd Annual Scientific Meeting of the SCCT (July 5-8, 2007)

TITLE OF PRESENTATION: _____

Answer each of the following questions and attach explanation or documentation as required. Additional information may be requested.

[ ] YES [ ] NO **1.** My presentation/participation will be educational, not promotional, based on the stated purpose and objectives of the program and the identified educational needs of the target audience.

[ ] YES [ ] NO **2.** My presentation/participation will be unbiased and free of commercial influence.

[ ] YES* [ ] NO **3.** Commercial interest(s) provided the data for my presentation.
[ ] N/A *If YES, please explain or attach documentation:

[ ] YES* [ ] NO **4.** Commercial interest(s) generated content and/or provided slides.
[ ] N/A *If YES, please explain or attach documentation:

[ ] YES* [ ] NO **5.** Commercial interest(s) provided speaker training for this lecture/presentation.
[ ] N/A *If YES, please explain or attach documentation:

[ ] YES [ ] NO* **6.** My presentation/participation will discuss products in generic terms, when applicable.
[ ] N/A ***If NO, please answer the following:
[ ] YES [ ] NO** -- Several specific products will be discussed to provide balance.
*If NO, please explain:

[ ] YES [ ] NO* **7.** My presentation/participation will discuss a balanced view of therapeutic options, when applicable.
[ ] N/A *If NO, please explain:

[ ] YES [ ] NO **8.** My presentation/participation is intended to promote improvements or quality in healthcare and in the public's best interests.

If disclosure information and/or the nature of my presentation/participation changes prior to the CME educational activity, I will notify Tulane's Center for Continuing Education.

Attested to and Submitted by:
Date:

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