Faculty Disclosure Form

**It is the policy of California Medical Center to ensure balance, objectivity, independence, and scientific rigor in all CME activities. Anyone engaged in activity content development, planning, or presentation must complete this form.** *“A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.”*

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| --- | --- | --- |
| Faculty Name: | John Smith, M.D. | |
| Activity Title: | “Activity Title Here” | |
| Activity Date: | Friday, December 15, 2012 | - or -  Enduring Materials |

|  |  |
| --- | --- |
| Role in this activity: | Presenter  Author  Course Director  Moderator  Other: |

DISCLOSURE

|  |  |  |
| --- | --- | --- |
| Yes | No | Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with a commercial interest, as defined above, relating to the subject matter that will be discussed in this CME activity? |

**If no, sign below.**

**If yes, please list your relevant financial relationships below and sign below.**

|  |  |  |
| --- | --- | --- |
| **Commercial Interest** | | Nature of Relevant Financial Relationship |
| Name of Company | | Employee, grants/research support recipient, board member,  independent contractor, stock shareholder (excluding mutual funds),  speakers bureau, honorarium recipient, royalty recipient, clinical trials,  holder of intellectual property rights, other |
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**Signature**: **Date**: