



## CEU Conflicts of Interest Form for CEU-Related Activities

Please check where applicable and sign below. Provide additional pages as necessary.

**Date:**

Month Day Year

**Name:**

First Name Last Name

**Name of the CEU Activity:**

**Location of the CEU Activity:**

**Date of the CEU Activity:**

Month Day Year

**Topic:**

**Role you hold specific to this CEU activity:**

# DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF THE DATE OF 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. \***

Neither I nor an immediate family member (spouse or partner) has a financial relationship with or interest in a commercial interest.

I have an immediate family member (spouse or partner) who has a financial relationship with or interest in a commercial interest. Please check the relationship(s).

**(Check all that apply):**

- Research Grants
- Stock/Bond Holdings (excluding mutual funds)
- Speakers' Bureaus\*
- Employment
- Ownership
- Partnership
- Receipt of Equipment or Supplies
- Honorarium
- Consultation or Advisory Board
- Manuscript Preparation\*\*
- Other

**If 'Other' please list**

**Please indicate the names of the organization(s) with which you have a financial relationship or interest, and the topic areas that correspond to the relationship. If more than four relationships, list on separate piece of paper:**

**What are the names of organizations with whom you have a financial relationship or interest, and the topic areas corresponding to that relationship?**

Organization    Type of Relationship    Topic Areas Involved

**Relationship 2?**

Organization

### **Relationship 3?**

Organization Type of Relationship Topic Areas Involved

### **Relationship 4?**

Organization Type of Relationship Topic Areas Involved

## **Speaker's Bureau(s) Representation**

\*If you checked "Speakers' Bureaus" above, please continue:

### **Did you participate in company-provided speaker training? •**

YES

NO

### **Did you travel to participate in this training?**

YES

NO

### **Did the company provide you with slides of a presentation in which you were trained as a speaker?**

YES

NO

### **Did the company pay the travel/lodging/other expenses?**

YES

NO

### **Did you receive an honorarium or consulting fee for participating in this training?**

YES

NO

### **Have you received any other type of compensation from the company?**

YES

NO

## Manuscript Preparation Service

\*\*If you checked "Manuscript Preparation" in item B, please continue:

**Was any assistance provided by a commercial interest, medical communications company or professional writer?**

YES

NO

**If yes, please describe who provided the assistance.**

**Was the topic suggested by an advisory panel that receives support (ex: educational grant) from a commercial interest?**

YES

NO