

CONFLICT OF INTEREST DISCLOSURE

DECLARATION

Disclosure Policy

To insure balance, independence, objectivity, and scientific rigor in all individually or jointly sponsored Continuing Medical Education (CME) programs, all individuals involved in these activities **MUST** disclose any real or apparent conflict(s) of interest that may have a direct bearing on the selection and presentation of topics or speakers for the CME program. This includes relationships with pharmaceutical companies, biomedical device manufactures, or other corporations whose products or services are related to the subject matter of the presentation. This policy does not prevent individuals with potential conflicts of interest from assisting in the planning and execution of CME activities. It merely identifies potential conflicts so that they can be resolved without interfering with the objectivity of the CME presentations. Please return this completed form as soon as possible to Kshama Vaghela at kvaghela@accesscommunity.org

For Office Use Only

Resolution of Speaker Conflict of Interest

All material submitted by this speaker were reviewed by the scientific committee chair, certified as free of commercial bias, and approved for presentation.

Chair, Scientific Committee Date

Chair, CME Committee Date

Name and Title: _____ Phone Number: _____

E-Mail Address: _____ CME Activity: ___ Conference ___

CME Event Title: ___ 8th ACCESS Arab Health Conference _____

Location: ___ Washington DC _____ Date: _____ Sept 2018 _____

I am a member of the: (Check all that apply):

Scientific Committee Event Planning Committee

CME Activity Faculty Session Moderator or Chair

Other (Specify): _____

Attestation: Please Sign A or B Below

A. Nothing to Disclose

I have no actual or potential conflict of interest in relation to this program or any presentation topic or speaker that will present at this CME activity.

Signature

Date

B. I Have Affiliations to Disclose (continue on back of this sheet if necessary)

I have financial interests, arrangements or affiliations with organizations resulting in perceived real or apparent conflict of interest in selecting topics or speakers for this activity.

Affiliation/Financial Interest

Organization

Grant/Research Support _____

Consultant _____

Speakers' Bureau _____

Major Stock Shareholder _____

Other Financial or Material Support _____

Signature

Date