



SHENANDOAHTM
 U N I V E R S I T Y
 Bernard J. Dunn School of Pharmacy

**Office of Continuing Pharmacy Education
 Disclosure & Content Verification Form
 Non-Presenter**

It is the policy of Shenandoah University Bernard J. Dunn School of Pharmacy (SUBJDSOP) to ensure balance, independence, objectivity and scientific rigor in all of its individually- or jointly-sponsored educational activities. All individuals engaged in the planning of a continuing pharmacy education activity and who are in a position to control the educational content are required to disclose any relevant financial relationships with any commercial interest occurring within the past 12 months. The intent of this policy is to identify and resolve any potential conflict of interest that may directly or indirectly affect the activity. If you refuse to disclose relevant financial relationships, you will be disqualified from being a part of the planning and implementation of this CPE activity.

Name & Title: _____

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Presentation Title: _____

Date(s) & Location(s): _____

On behalf of yourself and your spouse/partner, check the applicable boxes below (you can copy and paste the following symbol for the appropriate box...). If you have no disclosures, check only the first NO box.

NO NO, I / we have NO relevant financial relationship(s) with any commercial interest(s) to disclose at this time.

YES **NO** In the past 12 months, I/we have received income from a pharmaceutical company or medical device manufacturer (ex: salary, royalty, intellectual property rights, consulting fees, honoraria or other financial benefits)

YES **NO** In the past 12 months, I/we have owned stocks, stock options or other ownership interests (excluding diversified mutual funds) in a pharmaceutical company or medical device manufacturer.

YES **NO** Are you or your spouse/partner, within the past 12 months, an employee, trustee, consultant, researcher, advisory board member, partner or relevant role of any pharmaceutical company or medical device manufacturer?

YES **NO** I plan on discussing unlabeled/investigational uses of a commercial product or medical device. If YES, please identify the product(s) and unlabeled use(s):

If you checked YES for any of the above questions, please disclose relevant details below (use additional rows if necessary):

SELF	PARTNER	NAME OF COMPANY	NATURE OF RELATIONSHIP
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By signing below, you attest to the accuracy of the information you have provided on this form. In the event a conflict of interest is identified, you agree to cooperate and comply with the SUBJDSOP Office of Continuing Pharmacy Education conflict resolution process. We look forward to working with you to provide high-quality educational content that complies with ACPE accreditation standards.

Signature: _____

Date: _____

Please return completed and signed form to:

SUBJDSOP Office of Continuing Pharmacy Education (located within the Division of Technology in Education)

Attention: Continuing Education Administrator

1775 North Sector Court, Winchester, VA 22601

540-545-7336

540-665-1283 (fax)

adarr@su.edu (may be scanned and emailed)