



SHENANDOAHTM

UNIVERSITY

Bernard J. Dunn School of Pharmacy

Office of Continuing Pharmacy Education

Disclosure & Content Verification Form

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: _____

Organization: _____

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
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

VERIFICATIONS

SUBJDSOP requires faculty presenters for CPE activities to complete a Disclosure & Content Verification Form prior to speaking at an educational activity. The below statements are based on ACPE requirements. Please indicate your understanding of and intent to comply with each statement below. (A=Agree, D=Disagree, NA=Not applicable; you can copy and paste the following symbol for the appropriate box...)

A D

- On this form I have disclosed all relevant financial relationships within the past 12 months.
- The content and information I present will promote quality or improvements in healthcare and will not promote a specific proprietary business or commercial interest.
- Content for this activity, including any presentation of therapeutic options, will be well-balanced, unbiased, and to the extent possible, evidence-based. Any limitations on the information that is present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion will be identified.
- I have not and will not accept any honoraria, additional payments or reimbursements for this CPE activity beyond that which has been agreed upon with SUBJDSOP.
- I understand that SUBJDSOP will need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

A D NA

- If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research I refer to, report, or use in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data, collection and analysis.
- For any drug/product discussed, the data must be objectively selected and presented, both favorable and unfavorable information about the drug must be fairly presented, and I will include information about reasonable alternative treatment options. Where there is a suggestion of superiority of one drug/product over another, this suggestion needs to be supported by evidence-based data.
- If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just the trade name from a single company.
- If I am discussing any drug/product that is off-label, I will disclose the use or indication in question that is not currently approved by the FDA.
- If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

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)