

## CME Disclosure Form for 2018 Research Symposium

It is the policy of Natividad 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.”*

**Name:** \_\_\_\_\_  
**Year:** 2018  
**Proposed Event:** 2018 Research Symposium  
**Responsibility:** Poster Author/Presenter

**DISCLOSURE**

Yes     No    Have you (or your spouse/partner) had a financial relationship in the last 12 months with a commercial interest as defined above?

**If you answered NO above, please sign:**

To the best of my ability, I will ensure that any content is independent of commercial bias.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you answered YES above, please list all relevant financial relationships and sign below:**

Commercial Interest	Nature of Relevant Financial Relationship	What was Received
Name of Company	Example: employee, grants/research support, advisory board member, independent contractor/consultant, stock shareholder (excluding mutual funds), speaker's bureau, holder of intellectual property rights, clinical trials, other	Example: Consulting fees, honorarium, research grant, dividends, salary, etc.
1.		
2.		
3.		
4.		

**I agree to the following:**

- To the best of my ability, I will ensure that any content is independent of commercial bias.
- I know what I disclose will be presented to learners in writing prior to the educational activity.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_