



PLANNER/FACULTY DISCLOSURE FORM

Application for Continuing Education for California Naturopathic Doctors

Each speaker and organizer/coordinator of program must complete and sign a separate form.

In accordance with independence standards, faculty and planners participating in a CME activity are required to disclose any financial relationship with commercial interests relevant to the CME activity. A “commercial interest” is any proprietary entity producing health care goods or services, used on, or consumed by, patients, with the exemption of non-profit or government organizations and non-health care related companies. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. We define relationships to include financial relationships of a spouse or partner. Having a financial interest does not preclude one from participating as faculty or planner; the requirement is to disclose the interest to the CME audience and to resolve any conflicts of interest prior to the CME activity.

Title of Program or Conference: _____ Date _____

Faculty/planner Name: _____ Role: _____

1. Will your presentation(s) include discussion of any commercial products or services?

Yes _____ No _____

2. Do you or your spouse or partner have a financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services you will discuss? (Currently or within the last 12 months.)

Yes _____ No _____

If yes to (1) or (2) above, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s) below.

Signature _____ Date _____