SAMPLE FINANCIAL RELATIONSHIP DISCLOSURE

COPE offers this document as a sample for COPE Administrators, Accredited Providers and planning committee members to use for disclosing relevant financial relationship information. All elements of this form must be included with the course submission. NOTE: COPE Administrators and Accredited Providers are not required or expected to use this document; it only serves as an example.

Disclosure of Relevant Financial Relationships
Name: [INSERT NAME]
Activity Title: [INSERT COPE ACCREDITED ACTIVITY NAME]
Content of Activity: [INSERT SUMMARY OF CONTENT]
Date of Activity: [INSERT DATE OF ACTIVITY]

First, list the names of proprietary entities producing health care goods or services, consumed by, or used on patients, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

Second, describe what you or your spouse/partner received (ex. Salary, honorarium, etc.). [COPE PROVIDER NAME] does not want to know how much you received.

Third, describe your role:

<table>
<thead>
<tr>
<th>Commercial Interest</th>
<th>Nature of Relevant Financial Relationship (include all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Company X</td>
<td>Honorarium</td>
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I do not have any relevant financial relationships with any commercial interests. My signature on this document confirms all of the following:

- I have read and will comply with the COPE requirements for course qualification. I further agree to notify COPE in writing should any information provided, including financial/proprietary information, change at any time during the one year qualification period of this course.
- I agree that I will keep my presentation free from commercial interest or bias. I will maintain independent control over the content of my presentation, so that it is balanced, objective, presented with scientific rigor and not be for the purpose of promoting products, equipment, etc. (Therefore, my presentation should not be perceived by attendees as a commercial.) I further agree that I will not change the basic content of my presentation following approval.
- I agree to disclose to the audience the existence of any significant financial/professional relationships with the manufacturer(s) of any commercial product(s) and/or the provider(s) of any commercial service(s) discussed in the educational presentation. (Said relationships can include such things as grant/research support, employment, consulting
and/or speakers bureau arrangements, major stock ownership, etc.) I will disclose any of these relationships, whether or not there is direct commercial support for the CE activity. This disclosure is made to provide the audience the information on which they can make judgments as to a presenter’s objectivity.

- I agree to disclose the attendees; a) when products or procedures being discussed are off label, unlabeled, experimental, and/or investigational (not FDA approved); b) any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.
- I agree I have an ethical responsibility to make appropriate decisions related to my presentation, and all issues involving financial remuneration. (Considerations in this regard could include kickback schemes or multiple remunerations for a single event.)

Signature: ________________________________

Date: _________________________________