

FACULTY DISCLOSURE STATEMENT

All faculty presenting at programs certified for CME must complete this form regardless of whether or not the program is receiving commercial support.

As a sponsor for accreditation through the Accreditation Council for Continuing Medical Education, InnoVision Communications must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All faculty participating in a sponsored activity are expected to disclose to the program participants any significant financial interest or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in the educational presentation, (2) with any commercial supporter(s) of the activity, and (3) when a relationship exists, the nature of the relationship. Interest and/or relationship might include such things as grants or research support, or being an employee, consultant, member of speakers bureau, significant shareholder, etc. and should be identified below. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. Rather, it is merely intended that the potential conflict should be identified openly so that the audience may form their own judgments.

CME PROGRAM	Building Bridges of Integration for Traditional Chinese Medicine
DATE	October 9-12, 2003
TITLE OF PRESENTATION	
PRESENTER'S NAME	

PLEASE COMPLETE SECTIONS I, II AND III

I	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Will your presentation include discussion of any commercial products or services? (IF NO, Skip to II) <i>If Yes, do you have a significant financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services you intend to discuss? Please explain.</i>
II	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a significant relationship(s) with any commercial supporter(s) of this program? <i>If Yes, please list the relevant commercial supporter(s) and describe the nature of the relationship(s).</i>
III	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you plan to discuss off label uses of medications in your lecture? If so, this must be disclosed to the program participants during your presentation as well as in the proceedings or syllabus. If yes, please list all off label uses to be discussed. <i>If Yes, please list all off label uses to be discussed.</i>

Signature	
Date	

PLEASE COMPLETE IN FULL, SIGN & RETURN TO THE PROGRAM ORGANIZER