

UPMC Center for Continuing Education in the Health Sciences
COI Disclosure Form

All individuals who have the ability to control or influence the content of an educational activity must disclose all *relevant relationships with any **commercial interest, including but not limited to members of the planning committee, speakers, presenters, authors, and/or content reviewers.

Name :

Activity Title:

Date of Activity:

Instructions: List the names of commercial interests (defined in the "Glossary of Terms" below) 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.

Check One:

I have/had no relevant financial relationships with any commercial interests.

I have, or have had, a relevant financial relationship within the past 12 months.

Nature of Relationship

Name of Commercial Interest

Grant/Research Support:

Consultant:

CE Speakers' Bureau:

Stockholder:

Other:

Statement of Understanding An "X" in the box serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

Completed By (First Name, Last Name):

Date Completed: