

Conflict of Interest (COI) Disclosure Form

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Activity Title: PA Medical Home Program: Asthma Uncovered - Optimizing Asthma Outcomes: Closing the Loop and

Activity Start Date (mm/dd/yy): 12/18/24

First and Last Name: Julie Cousler

Prospective role(s) (check all that apply):

Planner (involved in choosing topics, faculty, or content)

Teacher, Instructor, Presenter, Faculty

Other:

The following MUST be completed by the individual who is participating in the activity.

In the past 24 months, I have not had any financial relationships with any ineligible company (i.e., commercial interest).
Complete attestation at the bottom of the form.

I have had a financial relationship with an ineligible company (i.e., commercial interest). For each financial relationship, enter the name of the company(ies) and the nature of the financial relationship(s), regardless of the potential relevance to the education. **Note:** *In most scenarios, an employee of an ineligible company is prohibited from involvement in the planning and implementation of accredited continuing education.*

Nature of Relationship **Company Name** *(only include companies that meet the definition of an ineligible company as defined above)*

*Grant/Research Support:

Consultant:

CE Speakers' Bureau:

Stockholder(**privately held):

Stockholder(publicly traded):

Other:

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Have any of the relationships listed above ended?

No, all of the relationships listed above are active.

Yes, the following relationships have ended:

Attestation

I understand that all content must be balanced, based upon the best available scientific evidence, and free of commercial influence and abide by applicable patient privacy and copyright provisions.

I attest that I am the individual participating in the activity and the above information is correct as of the date of this submission and I agree to update this form if any information changes and/or a new financial relationships exist.

Date (mm/dd/yy): 11/27/24

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Activity Title: PA Medical Home Program: Asthma Uncovered - Optimizing Asthma Outcomes: Closing the Loop and

Activity Start Date (mm/dd/yy): 12/18/24

First and Last Name: Nabila C. Kalari, MD

Prospective role(s) (check all that apply):

Planner (involved in choosing topics, faculty, or content)

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Activity Title: PA Medical Home Program: Asthma Uncovered - Optimizing Asthma Outcomes: Closing the Loop and

Activity Start Date (mm/dd/yy): 12/18/24

First and Last Name: Daniel R. Taylor, DO, FAAP, FACOP

Prospective role(s) (check all that apply):

- Planner** (involved in choosing topics, faculty, or content)
- Teacher, Instructor, Presenter, Faculty**
- Other:**

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Activity Start Date (mm/dd/yy): 12/18/24

First and Last Name: Renee Turchi, MD, MPH, FAAP

Prospective role(s) (check all that apply):

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First and Last Name: Eileen Thompson

Prospective role(s) (check all that apply):

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