UPMC Center for Continuing Education in the Health Sciences (CCEHS)

Conflict of Interest (COI) Disclosure Form

Additional Guidance: https://cce.upmc.com/coi

Updated 01/01/2025

Individuals who have the ability to control or influence the content of an educational activity must disclose all financial relationships with any **ineligible company** over the **previous 24 months** regardless of the relevance to the education. There is no minimum financial threshold. Refusal to provide this information will disqualify you from involvement in the planning and implementation of accredited continuing education.

Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Stock and stock options should be disclosed; diversified mutual funds do not need to be disclosed.

Tip: If the form is not allowing you to enter information, copy and paste https://cce.upmc.com/disclosure to your browser, complete form and then save to your computer.

Activity Title: Foundations to Practice Lecture

Activity Start Date (mm/dd/yyyy): 03/25/2026

First and Last Name: Colleen Johnston

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

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

Check applicable disclosure statement:

☒ In the past 24 months, I have not had any financial relationships with any ineligible company.

☐ I have had a financial relationship with an ineligible company (defined above). Enter the name of the ineligible company for each financial relationship(s), regardless of the potential relevance to the education.

Nature of Relationship	Company Name *(only include companies that meet the definition of an ineligible company as defined above)*
CE Speakers' Bureau:	
Consultant:	

Grant/Research Support: Funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Grant/Research Support:

Stock and Stock Options: Diversified mutual funds do not need to be disclosed. Stock through privately held ineligible companies are considered owners or employees and therefore must be excluded from planning or implementation of the education (or qualify for an exception).

Stock (publicly traded):

Stock (privately held):

Stock Options:

Other: Please disclose all other financial relationships wtih an ineligible company (e.g., employee, royalties). List the name of the company and desribe the nature of the relationship.

Other:

Have any of the relationships listed above ended?

☒ No, all of the relationships listed above are active.

☐ Yes, list company(ies) name/date 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/YYYY): 03/24/2026

AUTHORIZATION

UPMC Creative Services

Authorization For Video, Audio, Recording, and Photographic Participation and Interviews

Subject's Name: Ellen Johnston

Address: 1450 Tolma Ave Pittsburgh PA 15216

Telephone: (412) 527-6805 **E-mail:** johnstonc10@upmc.edu

☒ This authorization pertains to a specific project, request, event and/or use (specify): Hillman Cancer Center - Foundations to Practice Lectures

☐ This authorization does not pertain to a specific request, project, event and/or use.

I authorize UPMC to photograph (still photo, film, videotape, or digital imagery/video), record (audiotape or digital) and/or interview me, using either a UPMC staff photographer/videographer and/or reporter, or a photographer/videographer and/or reporter approved by UPMC. I understand that UPMC, and in some cases the organization with which it has partnered, has / shall have all legal rights to the photography / recording(s) / interview(s) and that I give up any and all rights to these organizations and will not receive any payment or compensation for the same now or in the future. I understand the photography/recording(s) / interview(s) may be used for publicity, education, public information, or paid advertising by UPMC and that the photography / recording(s) could appear on UPMC's website and/or elsewhere on the Internet. I hereby release and discharge UPMC, its subsidiaries, and its and their employees, agents, and representatives from any claims, liability, or results caused by the use of such photography/recording(s) and/or interview of me as provided herein.

By agreeing to be interviewed about health care services received from UPMC, I also authorize UPMC, at its discretion, to interview my UPMC doctor(s), nurse(s), and/or other caregivers to confirm, supplement, and/or clarify the information provided in my interview. I understand that such staff interview(s) may result in a limited disclosure of my protected health information (PHI), in the form of facts necessary to ensure the accuracy of any account based on my interview, but that no medical records will be released.

I understand that whether I choose to sign this authorization will in no way influence the health care services provided to me by UPMC. Additionally, I understand that I will not receive any special services or compensation in exchange for my agreeing to sign this authorization. I understand that I may revoke this authorization at any time by providing written notice to UPMC addressed to: UPMC Marketing Communications, 600 Grant St. Floor 57, Pittsburgh, PA 15219. However, such revocation shall not affect UPMC's right to use information, photography / recording(s), and / or interviews made or obtained prior to my revocation of this authorization.

Subject's Signature: Ellen Johnston, MSW, LCSW **Date:** 03/24/26

Witness's Signature: _____ **Date:** 03/24/26

The subject is unable to consent on his/her own behalf because _____

I am the authorized representative of the subject, on the following relationship or basis _____ and hereby provide such authorization on behalf of the subject.

Signature of Subject's Authorized Representative: _____ **Date:** _____

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