

VERBAL DISCLOSURE DECLARATION & COMMERCIAL SUPPORT ATTESTATION FORM

Department/Section Name:	CID#:
Regularly Scheduled Series Name:	
Date(s)/Time(s):	
Title of Presentation:	
Presenter(s):	

In accordance with the **Core Accreditation Criteria** and the **Standards for Integrity and Independence in Accredited Continuing Education**, it is the policy of Louisiana State University Health Sciences Center – Shreveport, School of Medicine (LSUHSC-S) to insure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. **All planners and faculty participating in any CME supported activities must disclose to the activity audience the existence of any significant financial or other relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, discussed in an educational presentation and or with any commercial supporters of the activity.** The intent of this policy is for the provider to identify and resolve any potential conflict of interest to ensure that all presentations are free from bias. Based on the information provided, LSUHSC-S has taken steps to identify and resolve any potential conflict of interest of activity planners and faculty related to this activity. However, it remains for the audience to make the final determination as to whether the presentations reflect a possible bias in either the exposition or the conclusions presented.

ATTESTATION STATEMENTS

In adherence to Standards of Integrity and Independence in Accredited Continuing Education, I attest that:

- The activity planners declared that they have no financial or other relationship with manufacturers of or providers of commercial products/services associated with/ relating to this activity.
OR
- The activity planners declared financial or other relationships with manufacturers of or providers of commercial products/services/ financial support associated with/relating to this activity. *(See attached COI Disclosure Form(s))*
- The speaker(s) had nothing to disclose.
OR
- Verbal disclosure of the affiliation/financial interest, specific products to be discussed and any unapproved or off-label uses of products as presented by the speaker(s) was provided to the audience prior to the presentation. *(See attached Disclosure of All Financial Relationships from Planners, Faculty, and Others.)*
- The speaker(s) disclosed that no investigational information about drugs/devices will be presented in this activity that is outside U.S. FDA approved labeling.
OR
- The speaker(s) disclosed that no investigational information about drugs/devices will be presented in this activity that is outside U.S. FDA approved labeling, with the following exceptions:

Faculty Name:	Drug/Device:	Information Discussed:

▼ **I FURTHER ATTEST THAT** ▼

- Verbal disclosure of commercial support in the form of an educational grant provided by _____ (pharmaceutical company) was provided to the audience prior to the presentation.
- No commercial support was provided for this activity.

I attest that I have read/posted the above disclosure statements to the audience prior to the start of this activity.

Printed Name _____ Signature _____ Date _____

Upon Conclusion of the Activity, Sign and Return this form to the LSUHSC-S Office of CME.