

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

Financial Relationships Disclosure Form
For Faculty, Authors, Committee/Board Members, and Staff

Organizations accredited by the American Dental Association Continuing Education Recognition Program (ADA CERP) and Accreditation Council for Continuing Medical Education (ACCME) are required to identify and resolve all potential conflicts of interest with any individual in a position to influence and/or control the content of CDE/CME activities.

All individuals in a position to influence and/or control the content of AAOMS CDE/CME activities are required to disclose to the AAOMS, and subsequently to learners: (1) any relevant financial relationship(s) they have with a commercial interest, or (2) if they do not have a relevant financial relationship with a commercial interest.

Failure to provide disclosure information in a timely manner prior to the individual's involvement will result in the disqualification of the potential Faculty, Author, Committee/Board Member, or Staff, from participating in the CDE/CME activity.

Title of CME activity: _____

Name: _____ Date: _____

Please check one to indicate your role:

- ___ Faculty ___ Author ___ Committee Member (specify: _____) ___ Board of Trustees
___ Staff ___ Other (specify: _____)

Phone Number: _____ E-mail: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

___ Neither I, nor any member of my immediate family, has a financial relationship or interest (currently or within the past 12 months) with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

OR

___ I have or ___an immediate family member has a financial relationship or interest (currently or within the past 12 months) with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The financial relationships are identified as follows (if needed, attach an additional list):

Table with 6 columns: Commercial Interest(s), Research Grant, Speakers' Bureau, Stock/Bonds, Consultant, Other (Identify). Header: RELEVANT FINANCIAL RELATIONSHIP(S) RELATED TO YOUR CONTENT (check all that apply)

I affirm that the foregoing information is complete and truthful, and I agree to notify AAOMS immediately if there are any changes or additions to my relevant financial relationships. During my participation in this activity, I will wholly support AAOMS' commitment to conducting CDE/CME activities with the highest integrity, scientific objectivity, and without bias.

Signature: _____ Date: _____