



Disclosure of Financial Relationships

Title of Continuing Education:				
		Date:		
Name of Individual with co	redentials:			
Employer/Organization:			Phone:	
Email address:				
from industry influence. T refuse to provide this info education. Thank you for y Individual's prospective ro	he JA Standards for Integrity rmation from involvement in your diligence and assistance ble(s) in education (choose all	that apply)	disqualify individuals who of accredited continuing	
Planner [Examples: planning committee, staff involved in choosing topics, faculty or content)				
Teacher, Instructor		Reviewer		
Faculty Author, Writer		Other		
If you have questions, please contact us at this email address. Otherwise, please complete the information below and return it to by				
Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.				
Enter the Name of Ineligible Company An ineligible company is any entity whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients. Example: AB Company	Examples of financial relations researcher, consultant, adviso contractor (including contractor beneficiary, executive role, an stocks and stock options should	r, speaker, independent ed research), royalties or patent d ownership interest. Individual d be disclosed; diversified mutual sed. Research funding from ineligible d by the principal or named dual's institution receives the	Has the Relationship Ended? If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.	
	In the past 24 months, I have not had any financial relationships with any ineligible companies.			
I attest that the above information is correct as of this date of submission by signing and dating below. Signature with Credentials (Electronic signature accepted)				
Signature with Credentials	clectronic signature accept	eu)	Date:	