## Financial Relationship Disclosure Form for Planners, Faculty, and Others NOTE: If the activity only addresses a non-clinical topic (e.g., leadership or communication skills training), the provider does not need to identify, mitigate, or

disclose relevant financial relationships.

Name of Individual:		Individual's prospective role apply)	e in CE Activity (se	elect all that
Title of CE Activity:		□ Planner		
		□ Faculty, Speaker, Instructor		
		☐ Author, Writer		
Date and location of CE Activity:		□ Reviewer		
		□ Other		
Please disclose all financial relation below). For each financial relations There is no minimum financial thres companies. You should disclose all education.	hip, enter the name of the shold; please disclose ALI	e ineligible company and the na L financial relationships, regard	ature of the financial dless of the amount,	relationship(s). with ineligible
The Standards for Integrity and Indeinvolvement in the planning and imp				
After we receive your disclosure info education. Please note: the identific participate in the planning and imple financial relationships are mitigated	ation of relevant financial ementation of this educati	relationships does not necessional activity. Rather, the accre	arily mean that you	are unable to
Name of Ineligible Company An ineligible company is any entity whose primary business is producing, marketing, selling, re- selling, or distributing healthcare products used by or on patients, including compounding pharmacies that manufacture propriety compounds, 503B pharmacies, and FDA-registered manufacturers.	contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be		Is the content of the Educational Program related to the products of the Ineligible Company? If yes, please check the box in this column.	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.
Example: ABC Company	Consultant			
$\square$ In the past 24 months, I have	e not had any financial	relationships with ineligible	companies.	
I attest that the above information Signature:	on is correct as of the d	ate of this submission.	e:	

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