

**Conflict of Interest Disclosure for Faculty of Educational Activities – Written Form**

Directions: The CME Activity Director is responsible for obtaining disclosure information from faculty members. Faculty members include: presenting speakers, Activity Directors, Activity Coordinators, Planning Committee members, and/or others involved in the production/implementation/maintenance of a CME activity. This form will be used to document written disclosure information obtained from faculty members.

I, \_\_\_\_\_, am a faculty member for a Continuing Medical Education (CME) activity where *AMA PRA Category 1 Credit(s)*<sup>TM</sup> will be sponsored by NM MPT&E. This activity is titled: Joint Medical Operation Courses and will be held quarterly throughout Fiscal Year 2020. I am involved in the CME activity as Instructor.

**Yes No (Numbers 1 and 2 are required; number 3 is recommended)**

- 1.** I, the undersigned (or an immediate family member), have a financial arrangement or affiliation with an organization offering financial support or grant monies for, or related to, this activity (list the arrangement/affiliation below).
- 2.** I, the undersigned, have a financial relationship with a manufacturer of a product (i.e. device and/or medication) related to the topic discussed in my presentation at this CME activity (list the relationship below).
- 3.** I intent to reference unlabeled/unapproved uses of drug(s) and/or product(s) in my presentation. List unlabeled use(s) and product(s) that will be discussed: \_\_\_\_\_

**Note: It is recommended that faculty make a meaningful disclosure of any discussion of unlabeled, experimental, or unapproved drugs or devices.**

Type of Arrangement/Affiliation / Relationship	Name of Corporate Organization
Grants / Research Support	_____
Consultant	_____
Stock Shareholder (directly purchased)	_____
Honorarium	_____
Other Financial or Material Support	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_