



Course Title: \_\_\_\_\_

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

Faculty Name: \_\_\_\_\_

Presentation Title(s): \_\_\_\_\_

### Disclosure of Off-Label and/or Investigational Uses

If at any time during my educational activity I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.

No, I do not intend to discuss an off-label/investigative use of a commercial product/device.

Yes, I do intend to discuss off-label/investigative uses(s) of the following commercial product(s)/device(s).  
(Provide information in the space below.)

### Faculty Attestation

My signature below indicates my agreement to comply with the following statements with respect to my lecture/presentation(s).

I agree:

- to promote quality or improvements in healthcare and not to promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
- not to accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with Baystate Health.
- that all travel arrangements must be made through Baystate Health's designated travel agency and that commercial companies cannot arrange or reimburse my travel.
- to provide Baystate with my presentation and/or content prior to the activity to allow for peer review.
- that any recommendations involving patient care will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications. All scientific research referred to, reported, or used in CE in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
- that if I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
- that if I have been trained or utilized by a commercial entity or its agents as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
- that if I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.

→Signature: \_\_\_\_\_

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

### Permission to Tape

I, give my permission to audiotape the presentation(s) listed above. I understand that the audio & PowerPoint presentation I present may be made available to healthcare professionals on the Baystate Health website [www.baystatehealth.com/learn](http://www.baystatehealth.com/learn). I understand that information presented at this site is for general education purposes. I understand that users of this site are required to accept the disclaimer below:

*Information presented on this website is intended to provide accurate and authoritative material to its users. However, it is presented for general educational purposes and is not intended to replace formal training or clinical consultation with specialists and experts. We make no claims, promises or guarantees regarding the accuracy, adequacy, quality or legality of the information found here or linked to this website and its associate sites.*

→Signature: \_\_\_\_\_

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

Please return completed disclosure to: Office of Continuing Education, 361 Whitney Ave., Holyoke, MA 01040 or FAX 413-322-4259

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**Review Process & Resolution of Possible Conflict of Interest (For Office Use Only)**

Risk Level:  NONE  LOW  HIGH  
Risk Factors:  Relationships  Previous Evaluation Data  Topic Area

**SENT TO:**

Course Director Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Committee Member(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Name: \_\_\_\_\_ Date: \_\_\_\_\_

**STRATEGIES FOR RESOLVING CONFLICT:**

<input type="checkbox"/> Peer review <input type="checkbox"/> Independent review of presentation/slides  <input type="checkbox"/> Limit scope of the presentation  <input type="checkbox"/> Narrow the materials covered <input type="checkbox"/> Omit Specific Recommendations <input type="checkbox"/> Assign on-site monitor	<input type="checkbox"/> Course design altered to ensure fair and balanced treatment of topic. Describe: _____  <input type="checkbox"/> Presenter contacted and instructed to change his/her presentation as follows:  <input type="checkbox"/> Dissolve financial relationship (please attach documentation) <input type="checkbox"/> Other (please explain): _____  Signature of Reviewer(s) : _____ Date: _____
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**OUTCOME:**

Notes: \_\_\_\_\_

Follow-up Evaluation Data (post-course)

Number of respondents: \_\_\_\_\_  
Evaluation feedback (% resp.) Free of Bias - SA \_\_\_\_\_ A \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_  
Monitor present?  Yes  No If Yes, Name: \_\_\_\_\_

**Monitor Comments:**

\_\_\_\_\_