



AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Accredited Educational Activity

Contributor Disclosure/Vested Interest Form

(Updated May 31, 2005)

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Title of Activity: \_\_\_\_\_

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

Contributor Name: \_\_\_\_\_

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**Please complete all questions below and the chart on the reverse side (if relevant):**

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**2. Attestation Section (for individual accredited activities)**

If engaged in a CME related activity, I attest that:

(please place a check in each box to indicate your understanding of and willingness to comply with each statement below)

- I have disclosed all relevant financial relationships to the ACCF and will disclose any subsequent relationships (if applicable) to learners verbally and in print.
I will base my contributions on the best scientific evidence available regarding this content. My contributions will give a balanced view of therapeutic options and be unbiased.
My contributions will not promote the products or services of any commercial interest related to this content.
All scientific research to support a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.
If I discuss any off-label product use, I will disclose it to participants.
I will not use trade names of health care products or services.
I will not accept any honorarium/payment/reimbursement beyond what has been agreed upon directly with ACCF.
If any portion of my presentation/slides is not original work, I will obtain necessary copyright permissions (as applicable).
My presentation is HIPAA compliant (e.g. I have only used de-identified patient information).

I have read and considered each item in this form and completed it to the best of my ability. I understand that my presentation will be evaluated by participants for fair balance (e.g. commercial bias); any recorded version (if applicable) will be peer reviewed for fair balance and may be edited with advance notice to me.

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

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

