

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

Financial Relationships Disclosure Form

For Faculty, Authors, Committee/Board Members, and Staff

Organizations accredited by the American Dental Association Continuing Education Recognition Program (ADA CERP) and Accreditation Council for Continuing Medical Education (ACCME) are required to identify and mitigate all potential conflicts of interest/relevant financial relationships with any individual in a position to influence and/or control the content of CDE/CME activities. A conflict of interest/relevant financial relationship will be considered to exist if: (1) the individual, individual's spouse/partner, or other immediate family member has a 'relevant financial relationship,' that is, he/she has received financial benefits of any amount, within the past 24 months, from a 'commercial interest/ineligible entity' (an entity producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients), and (2) the individual is in a position to affect the content of CDE/CME regarding the products or services of the commercial interest/ineligible entity.

All individuals in a position to influence and/or control the content of AAOMS CDE/CME activities are required to disclose to the AAOMS, and subsequently to learners: (1) any financial relationship(s) they have with a commercial interest/ineligible entity within the past 24 months, or (2) if they do not have a financial relationship with a commercial interest/ineligible entity. PLEASE DISCLOSE ALL FINANCIAL RELATIONSHIPS. AAOMS WILL DETERMINE IF ANY RELATIONSHIPS ARE RELEVANT TO THE ACTIVITY.

For all faculty participating in the educational activity, disclosure and mitigation must occur before presentations are made or enduring materials finalized. Faculty are required to complete and return disclosure forms no later than 60 days prior to the presentation of the educational activity.

Failure to provide disclosure information in a timely manner prior to the individual's involvement will result in the disqualification of the potential Faculty, Author, Committee/Board Member, or Staff, from participating in the CDE/CME activity.

Title of CDE/CME activity: _____

Name: _____ Date: _____

Please check one to indicate your role:

Faculty
 Author
 Committee Member (specify: _____)
 Board of Trustees
 Staff
 Other (specify: _____)

Phone Number: _____ E-mail: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 24 MONTHS OF DATE OF THIS FORM					
<p>_____ Neither I, nor my spouse/partner, nor any other member of my immediate family, has a financial relationship or interest (currently or within the past 24 months) with any entity producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</p> <p style="text-align: center;">OR</p> <p>_____ I have or _____ my spouse/partner or other immediate family member has a financial relationship or interest (currently or within the past 24 months) with any entity producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The financial relationships are identified as follows (if needed, attach an additional list):</p>					
Commercial/Ineligible Interest(s) (any entity producing, marketing, selling, re-selling, or distributing health care products used by or on patients.)		FINANCIAL RELATIONSHIP(S) (check all that apply)			
Research Grant (including funding to an institution for contracted research)	Speakers' Bureau	Stock/Bonds (excluding Mutual Funds) <i>*Indicate Private or Public Stock</i>	Consultant	Other (Identify)	

I affirm that the foregoing information is complete and truthful, and I agree to notify AAOMS immediately if there are any changes or additions to my financial relationships. During my participation in this activity, I will wholly support AAOMS' commitment to conducting CDE/CME activities with the highest integrity, scientific objectivity, and without bias. I agree that I will not accept any honoraria, additional payments or reimbursements beyond what has been agreed upon to be paid directly by AAOMS in relation to this educational activity.

Signature: _____

Date: _____