

## Disclosure Statement

As an ACPE accredited provider, the Kentucky Pharmacy Research and Education Foundation (KPERF) must ensure balance, independence, objectivity and scientific rigor in all its educational activities. Any person who is in a position to control the content or direction of a CPE activity must disclose any financial interest or other relationship with a commercial interest producing healthcare goods or services **that have a direct bearing on the subject matter of the activity**. A relevant financial interest or other relationship may include grants or research support, employee, consultant, major stockholder, member of speaker’s bureau, etc. that has occurred for any dollar amount over the past 12 months. The intent of disclosure is not to prevent a speaker with a relevant financial or other relationship from making a presentation, but rather to resolve any conflicts prior to the activity so the learner may participate in a balanced, unbiased educational event.

Name \_\_\_\_\_

Role    Chair    Planning Committee    Speaker    Author    Other\_\_\_\_\_

**Check (1) OR (2) and provide the details (Type of Affiliation/Financial Interest, Name of Corporate Organization) in the next section:**

**(1)\_\_\_\_\_ I, or an immediate family member, including spouse or partner, have no financial relationship(s) relevant to the content of this CPE activity.**

**(2)\_\_\_\_\_ I, or an immediate family member, including spouse or partner, have a personal financial relationship with a commercial interest and have control over educational content about the products of the commercial interest that could be perceived as a real or apparent conflict of interest within the context of this CPE activity.**  
*(Provide specific information below.)*

Type of Affiliation/Financial Interest	Name(s) of Corporate Organization(s)	Relationship	
		Active	Terminated
Advisory Board or Panel			
Consultant			
Grants/Research Support			
Other Financial or Material Support (royalties, patents, etc.)			
Salary, Contractual Services			
Speaker’s Bureau			
Stock/Shareholder (self-managed)			

**Off-Label Discussion**

**I intend to discuss off-label/investigational use(s) of a drug(s) or device(s) in my presentation.    Yes     No**  
**Please specify the drug/product and the use (PRINT LEGIBLY).**

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## Guidelines Regarding Commercial Support and Disclosure

### Disclosure

Speakers/authors/planning committee members/content reviewers/board and advisory council members must complete and submit the disclosure statement on the front side of this document prior to their involvement in planning or presenting/authoring a CPE activity.

Speakers/authors/planning committee members/content reviewers/ board and advisory council members are required to disclose **all** relevant and financial relationships that they or their spouse/partner have with a commercial interest producing healthcare goods and services related to the subject of the CPE activity that have occurred in the previous 12 months.

### Content Validation

Speakers/authors are required to prepare fair and balanced presentations that are objective and scientifically rigorous. All clinical recommendations must be based on evidence accepted within the medical and pharmacy professions. All scientific research referred to, reported or used to support a clinical recommendation must conform to accepted standards of experimental design, data collection and analysis.

### Unlabeled and Unapproved Uses

Presentations that provide information in whole or in part related to non FDA approved uses of drugs and/or devices must clearly disclose the of-label indications or the investigational nature of their proposed uses to the audience. *Please document on the front of this form.*

### Use of Generic vs. Trade Names

Speakers/authors should use scientific or generic names when referring to products in their lectures or enduring materials. Should it be necessary to use a trade name, then the trade names of all similar products or those within a class should be used along with providing the generic name.

### Commercial Supporter Influence

Speakers/authors are not permitted to receive any direct remuneration or gifts from the commercial supporter(s) of a CPE activity nor should they receive direct input from a commercial entity regarding the content or in the preparation of the presentation(s).

### DECLARATION

**In the context of the relationships/affiliations that you designated, WE ASK THAT YOU ATTEST THAT:**

- 1. relationships/affiliations will not bias or otherwise influence your involvement in the CPE activity;**
- 2. practice recommendations that are relevant to the companies with whom you have relationships/affiliations will be supported by the best available evidence or absent evidence will be consistent with generally accepted medical practice;**
- 3. all reasonable clinical alternatives will be discussed when making practice recommendations.**

**Additional information may be requested to resolve a conflict of interest. All identified conflicts of interest will be resolved and disclosure made to activity participants prior to the start of the CPE activity. By signing below you attest that you understand that your involvement with this activity is contingent upon review of these relationships and the provider's ability to resolve conflicts of interest.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return Form to:           KPERF  
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Frankfort, KY 40601  
Fax: 502-227-2258