



NCSPS Annual Meeting  
 October 26-29, 2017  
 The Grove Park Inn  
 Asheville, NC  
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**Thank you for agreeing to be a part of the above-titled meeting, for which ASAPS is providing CME. IT IS VITAL THAT YOU COMPLETE the ASAPS Conflict of Interest Form - TIME IS OF THE ESSENCE !!! Please complete all 3 pages.**

ASAPS as the provider of CME credits is required to have educational presenters complete the Conflict of Interest/Disclosure Form **annually, and we have discovered that we do not have a current disclosure on file for you!** Please know that you only need to do this once per educational cycle July- June. It will be used for all your aesthetic meetings' educational contributions.

**CONFLICT OF INTEREST**

As a provider accredited by the Accreditation Council for Continuing Medical Education, ASAPS must ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. We adhere to the *ACCME Standards for Commercial Support<sup>SM</sup>*.

<b>Print Your Name in the box to the right</b>	
<b>Your Role (check all that apply)</b>	<input type="checkbox"/> Planner <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Author <input type="checkbox"/> Reviewer/Approver <input type="checkbox"/> Other

Everyone who is in a position to control the content of an educational activity throughout the planning and delivery phases must disclose to us the nature of any relationship with a commercial interest as defined by ACCME. This includes all physicians and non-physicians involved in planning, as well as authors, presenters and faculty.

A conflict of interest exists when an individual (or their spouse/partner) has a financial relationship with a commercial interest and the opportunity to affect CME content related to that commercial interest. The intent of disclosure is not to disqualify a speaker, author or program planner from participating in an educational activity, but to resolve any potential conflicts of interest that may arise from financial relationships with a commercial interest that are determined to be relevant. ASAPS has a process to resolve any conflicts of interest and finds that resolution will be possible. During this process, you may be asked for further information or explanations.

**INSTRUCTIONS**

To identify any potential conflicts of interest, please complete this disclosure statement and return it to the CME Planner. This information is necessary to plan this CME activity. If you are unable to disclose these financial relationships for any reason, you will be disqualified from participating in the planning or delivery of this activity.

Please list any financial relationships with a commercial interest. ***A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.*** This definition exempts non-profit or government organizations; non-health care related companies; liability and health insurance providers; group medical practices; and for-profit hospitals, rehabilitation centers and nursing homes.

Types of financial relationships requiring disclosure include the following:

1. Ownership or part ownership of commercial interests.
2. Membership on boards of directors or trustees or advisory committees of commercial interests
3. Grants or research support from commercial interests (excluding grants from government or non-profit, independent foundations)
4. Employee of commercial interests
5. Consultant for commercial interests
6. Stock holder (excluding mutual fund holdings) of commercial interests
7. Member of speakers bureau of commercial interest

Please note the following:

1. ACCME policy requires that relationships of the person involved in the CME activity also include the financial relationships of a spouse/partner.
2. There is no set minimum dollar amount for these financial relationships and they must be disclosed if they occurred within the past 12 months (use date of activity as reference point).
3. The nature of the relationship and the name of the commercial interest must be noted in the disclosure. However, indicating a financial amount is not necessary.
4. Prior to the start of the activity, your financial relationships or lack thereof will be disclosed to the audience.

Commercial Interest	Nature of Financial Relationship	
	What I received*	My role
<i>Examples:</i>		
<i>Pharma XYZ</i>	<i>Consulting fee</i>	<i>Board member</i>
<i>MedDevice ABC</i>	<i>Grant recipient</i>	<i>Researcher</i>

<input type="checkbox"/>	Neither I, <u>nor my spouse/partner</u> has any financial relationship with a commercial interest as defined by this disclosure.
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**CONTENT VALIDATION**

ASAPS expects that all of its CME programs will adhere to the ACCME’s validation statements. Specifically, all the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients or otherwise be noted as personal opinion based on clinical experience. All scientific research referred to, reported, or used in CME in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Please contact ABAM if you do not feel your presentation can meet these Standards.

**PRESENTER’S/FACULTY ACCEPTANCE OF RESPONSIBILITY**

I acknowledge that I have read and considered the content listed above. I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstances might reasonably be expected to affect my views on the subject on which I am presenting, except those as indicated on the following page.

1. I understand and will ensure that my presentation will adhere to the ACCME’s validation statements.
2. I understand that my presentation is to contain no mention of any unapproved or “off-label” use of medications or devices which have not been disclosed here.
3. I certify that all photographic material presented is done with the appropriate medical/patient releases for photography and subsequent use in presentations.
4. I certify that all printed material presented is done with the permission of the author, and that my use of such materials will not violate copyright laws.
5. I will promptly disclose any actual or apparent conflicts of interest that may arise after I sign this form, but before I give my presentation.
6. I understand that no advertising or promotion of any products or services (including authored books, videos, DVD’s or other printed or electronic media) will take place during my presentation or in the space where this CME activity is provided.
7. I understand that the ASAPS is not responsible for the content of my presentation, and I accept full responsibility for the presentation of appropriate and ethical material.
8. I agree that I will not accept payment from a commercial interest for my role as presenter/faculty/planner in this activity.

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***Signature***

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***Date***