

Addendum to Disclosure of Interest Form Faculty Attestation

Completion of the following is required for all participants of ASDS Continuing Medical Education Activities

_____ Agree and Abide by the Speaker Guidelines for Program Development to Ensure Independence in CME Activities

___ Yes ___ No I have disclosed to the ASDS my comprehensive commercial interests for my presentation(s)

If Yes, I will verbally disclose the nature of this commercial interest. If allowed to present, I agree to disclose to the audience the nature of these interests at the onset of the presentation and include a disclosure slide at the start of my presentation. I understand that my disclosure will be printed in the final program materials provided to the learners on-site.

I understand that the ASDS may need to review my presentation and/or content prior to the activity to ensure my presentation is fair and balanced and free of commercial bias. I understand that I may need to provide my educational content in advance if requested, and will make appropriate changes if required.

I confirm that I have received the appropriate patient consents for the images that will be contained in my presentation.

I agree to remind the audience to disclose any commercial interests prior to asking a question during any question and answer portion of my session.

I have not or will not accept any honoraria, additional payments or reimbursements beyond that which will be provided directly from the ASDS in relation to this educational activity.

I understand that a formal observer may be attending the event to ensure that my presentation is educational, and not promotional in nature.

If I am providing recommendations involving clinical medicine, they will 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. All scientific research referred to, reported or used in this CME activity in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

If I am discussing specific health care products or services, I will use generic or compound names to the extent possible. If I need to use trade-names, I will use trade names from several companies when available as opposed to referencing a single trade name from any single company.

If I am discussing a product that is off-label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.

If I have been trained or utilized by a commercial entity or its agent 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 during my presentation within this activity.

If I am presenting research funded by a commercial entity, the information presented will be based on generally accepted scientific principles and methods, and will not in any way promote the commercial interest of the funding company.

I understand that all presentation material must be uploaded in advance of my presentation for general sessions or other sessions if so directed. If not so directed, I understand I should be present to my session at least 15 minutes in advance with my presentation on a jump-drive to be loaded. I further understand that all presentations will be made from ASDS supplied computers and that personal laptops are not allowed.

I agree to provide all necessary content information (including but not limited to learning objectives, affiliation information, audience response questions, etc.) to the ASDS office by the specified deadline, for production of meeting materials.

understand that failure to comply with all of the above, particularly to the presentation of fair and balanced information for learners, and including adherence to deadlines, may result in the withdrawal of this or future activity participation as determined by the related Program Work Group.

Please list current professional title and affiliation for introductory statements: _____

Faculty Disclosure of Interest Policy

As a sponsor accredited by the ACCME, the ASDS must ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. All faculty members must complete the conflict of interest form.

The American Society for Dermatologic Surgery requires that every speaker and presenter participating in an ASDS educational event must adhere to the Faculty Disclosure Policy.

Faculty members/speakers are expected to disclose to their audiences any significant financial interest or relationship with a manufacturer of any commercial product(s) or any provider of commercial services discussed in their presentation. At the beginning of each presentation the specific disclosures corresponding to that particular presentation must be revealed, both verbally from the podium and within a disclosure slide following their title slide. Such disclosures will also be listed in any relevant program material. Blanket revelations of all disclosures are insufficient for this purpose. Specific information detailing the nature of the specific disclosure related to that presentation must be presented (e.g. "I have received funding from company X which supported the research I am about to report"). Panel members and those who comment on lectures should be bound to reveal financial or contractual arrangements that may be relevant to comments made at a public forum. Therefore, members who stand up during the Q&A portion of a session will be asked to disclose any relevant relationships. Moderators will be made aware of disclosures of interest to ensure appropriate compliance oversight as well.

In addition, all faculty members are also required to know and disclose to their audiences the FDA approval status of all medical devices and pharmaceuticals for the uses discussed or demonstrated in their educational presentations.

ASDS has a procedure for managing conflicts of interest for educational presentations should they arise, including advance preview of presentations and removal from the program if an identified conflict cannot be resolved.

I have read and understand my disclosure obligations as outlined above.

Printed Name: _____

Signature: _____ Date: _____

Please forward a copy of this Disclosure Form to ASDS Headquarters.

PLEASE FAX TO: 847-956-0999 (ATTN: Janine Wisniewski)

Keep a copy for your records.