

INTERNATIONAL BOARD OF LACTATION CONSULTANT EXAMINERS

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SPEAKER DISCLOSURE / CONFLICT OF INTEREST DECLARATION

Speakers whose presentations are evaluated for Continuing Education Recognition Points (CERPs) from IBLCE must complete the IBLCE Speaker Disclosure / Conflict of Interest Declaration. Any relevant information provided on the Declaration will be disclosed to the program audience in written conference materials. Failure to provide a Speaker Disclosure / Conflict of Interest Declaration may result in denial of CERP credit from IBLCE.

Program Provider:

Please complete boxed areas on p. 1 and p. 2 before distributing to speakers.

Do not separate pages before distributing to speakers.

All speakers must complete page 2 and return to you.

It is the policy of the IBLCE to make best efforts to insure balance, independence, objectivity, and scientific rigor in all programs which qualify for IBLCE Continuing Education Recognition Points (CERPs).

Consequently, all persons participating in any program for which IBLCE CERPs are awarded are expected to disclose to the program audience any real or apparent affiliations that may have a bearing on the subject matter of their presentation.

Such affiliations include, but are not limited to:

- manufacturers or marketers of infant artificial feeding products;
- pharmaceutical companies;
- manufacturers or marketers of biomedical devices, including any devices intended to be used during breastfeeding/lactation; and
- any other persons or entities related to the subject matter of the presentation topic or the general topic of the program as a whole.

The intent of this policy is not to prevent a speaker from making a presentation. It is merely intended that any potential conflict of interest shall be identified openly so that listeners may form their own judgments about the presentation with the full disclosure of pertinent facts. It remains for the audience to determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented.

CERP Provider: please provide all information requested below.

CERP Program Sponsor: Georgia Chapter – American Academy of Pediatrics

CERP Program Title: EPIC Breastfeeding Education Program
(Educating Physicians In their Community)

CERP Program Date: Initiated July 2007, on-going and various dates.

CERP Program Location: Various, private practice offices, clinics, hospitals, and schools.

SPEAKER: Please provide all applicable information requested on this disclosure form.

Name: _____

Presentation: EPIC Breastfeeding Education Program

DECLARATION

Please check one:

I have no actual or potential declarations in relation to this program.

Date

Signature of Speaker

I have an affiliation with one or more persons or entities that could be perceived as having a bearing on my presentation of this subject.

List all *current* affiliations below:

Affiliation¹

Name of Organization(s)

1. _____

2. _____

3. _____

4. _____

5. _____

Please attach an additional sheet if necessary – thank you.

Date

Signature of Speaker

By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on the applicable signature and date lines above).

Your cooperation in complying with these requirements is appreciated. Thank you!

Please return this form as soon as possible to the sponsor of your presentation at the following address:

Georgia Chapter – American Academy of Pediatrics
1330 West Peachtree Street, NW, Suite 500
Atlanta, GA 30309-2904
Attn: Arlene Toole
Fax: 404-249-9503

¹ Possible Types of Affiliations include: Grant/Research Support; receipt of Honoraria, Travel, or other Benefits; acting as a Consultant / Independent Contractor, Employee, Officer or Director, or Owning a Self-Managed Equity Interest; participation as part of a Speaker's Bureau or being a Regular Contributor to a Publication; having a Close Friend or Family Member who is an Officer, Director, Employee, or who has a Self-Managed Equity Interest; and any other Financial or Material Support.