



International College of Angiology

PROGRAM DIRECTOR, PLANNING COMMITTEE AND/OR SCIENTIFIC COMMITTEE MEMBERS

CME Disclosure Form

As a participant in the 57th Annual World Congress of the International College of Angiology, we require everyone who is in a position to control the content of an educational activity to complete, sign and return the following disclosure statement upon the initiation of planning a CME activity. This disclosure statement must include all relevant financial relationships with any commercial interest within the past 12 months that could be perceived as a conflict of interest (2.1). Any individual who refuses to disclose relevant financial relationships will be disqualified from being planning committee member, a teacher or an author of CME, and cannot have control of or responsibility for the development, management, presentation or evaluation of a CME activity (2.2).

Activity Title: 57th Annual World Congress of the International College of Angiology

Date: October 2, 2015 – October 4, 2015

Check ALL that Apply:

- Program Director Planning Committee and/or Scientific Committee Member

Name:

Disclosure of Financial Relationships

Within the past twelve (12) months, I and/or my spouse or immediate family member have received support from or had a relationship with the following commercial interests (indicate all that apply). Disclosure should include relationships in any amount.

- NO, I do not have any relevant financial interest or other relationship occurring within the last 12 months.
YES (provide information below)

Table with 7 columns: Commercial Interest, Speakers Bureau, Consultant, Advisor, Stock Ownership, Research Grant, Employment Affiliation, Royalties, Patents. It contains five rows of empty checkboxes for data entry.

Planners/Program Directors/Scientific Committee

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
I will recuse myself from planning activity content in which I have a Conflict of Interest.

I understand that the information presented to the learner must be unbiased, scientifically balanced, and based on best available evidence and best practices in medicine. I agree to present all reasonable clinical alternatives when making practice recommendations. I attest that relationships with commercial interests will not influence or bias my presentation and/or planning of the CME activity.

Signature:

Return this to: International College of Angiology
161 Morin Drive • Jay, Vermont 05859 USA

Date:

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Email: denisemrossignol@cs.com