

## Faculty Disclosure Form

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Academy of Insurance Medicine (AAIM) must ensure balance, independence, objectivity and scientific rigor in all its individually or jointly sponsored educational activities.

All faculty participating in an AAIM-sponsored activity are expected to disclose to participants:

- 1) Any significant financial interest in or other relationship with the manufacturer of a commercial product discussed in a presentation
- 2) Any significant financial interest in or other relationship with a provider of commercial services discussed in a presentation
- 3) Any significant financial interest in or other relationship with a commercial supporter of the educational activity.

“Significant financial interest in or other relationship” may include but is not limited to:

- major stock holder
- employee
- consulting contract
- receipt of grants or other research support
- member of speakers bureau

The intent of this document is not to exclude qualified speakers with such relationships, but to provide participants with information on which they can base their own judgments as to objectivity.

PRESENTER/FACULTY NAME: \_\_\_\_\_

CME ACTIVITY: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE OF PRESENTATION: \_\_\_\_\_

- I. A. Will your presentation include discussion of any commercial products or services?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If no, skip to question II)

B. If yes to part A, do you have a significant financial interest in or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services you plan to discuss?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If no, skip to question II)

If yes to part B, please list the manufacturer(s) and/or provider(s) and describe the nature of the relationship(s).

- II. This activity is partially supported by educational grants from various commercial supporters. Do you have any significant relationships with any of these commercial supporters?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list the relevant commercial supporter(s) and describe the nature of the relationship(s).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE