

Division of Education

Continuing Education Disclosure Form

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DISCLOSURE OF FINANCIAL OR OTHER RELEVANT RELATIONSHIPS

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Full Disclosure Index

List the name(s) and nature of relationship(s) with commercial interest(s) within the past 12 months.

Stock:

Consultant: **LivaNova Genomind**

Employee:

Speaker's Bureau: **Sunovion Neurocrine**

Grant/Research: **Neuronetics**

Other:

For Faculty/Speakers

DISCLOSURE OF DISCUSSION OF "OFF-LABEL" OR INVESTIGATIONAL USES OF DRUGS AND DEVICES

If I plan to discuss unapproved uses of a commercial product, or investigational use of a product not yet approved for this purpose, during my presentation(s), I **Will** disclose this off-label use during my presentation.

For Planners

RECUSAL FROM PLANNING ACTIVITIES

I **N/A** recuse myself from any discussions where a potential bias could exist.

By signing this form I commit to presenting a fair and balanced CME program.

Course Title:

Maryland Psychiatric Association -- Draft title - Psychopharmacology

Update

Course Date:

November 11, 2017

Role In Course:**Faculty****Name of Faculty:****Dr Scott Aaronson, MD***(Please enter your full name)***Digital Signature:****STA***(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)***Date:****07/24/17**

ACCME Glossary of Terms

Commercial Interest

The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Financial relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

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Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content regarding products or services of a commercial interest with which he/she has a financial relationship.

timestamp: 2017-07-24 07:57:16PT

IP address:107.1.226.41

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Stock:

Consultant:

Employee:

Speaker's Bureau: **AstraZeneca, Sunovion, Teva, Pamlabs, Validus**

Grant/Research:

Other:

For Faculty/Speakers

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Course Title:

Maryland Psychiatric Association -- Draft title - Psychopharmacology Update

Course Date:	November 11, 2017
Role In Course:	Faculty
Name of Faculty:	Dr Robert Post, MD <i>(Please enter your full name)</i>
Digital Signature:	RMP <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/26/17

ACCME Glossary of Terms

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timestamp: 2017-07-26 14:30:39PT

IP address:71.191.0.226

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Employee:

Speaker's

Bureau:

Grant/Research:

Other:

For Faculty/Speakers

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Course Title:

Maryland Psychiatric Association -- Draft title - Psychopharmacology Update

Course Date:	November 11, 2017
Role In Course:	Planner
Name of Faculty:	Mrs Meagan Floyd, Other <i>(Please enter your full name)</i>
Digital Signature:	Meagan H Floyd <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/20/17

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timestamp: 2017-07-20 09:08:47PT

IP address:162.17.218.29

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Speaker's

Bureau:

Grant/Research:

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Course Title:

Maryland Psychiatric Association -- Draft title - Psychopharmacology Update

Course Date:	November 11, 2017
Role In Course:	Faculty
Name of Faculty:	Dr David Pickar, MD <i>(Please enter your full name)</i>
Digital Signature:	DP <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/26/17

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Course Title:

Maryland Psychiatric Association -- Draft title - Psychopharmacology Update

Course Date:	November 11, 2017
Role In Course:	Faculty
Name of Faculty:	Dr Lauren Osborne, MD <i>(Please enter your full name)</i>
Digital Signature:	LMO <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/26/17

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IP address:162.17.215.190

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Course Title:

Maryland Psychiatric Association -- Draft title - Psychopharmacology Update

Course Date:	November 11, 2017
Role In Course:	Planner
Name of Faculty:	Dr Jason Addison, MD <i>(Please enter your full name)</i>
Digital Signature:	JA <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/27/17

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