

# Division of Education

## Continuing Education Disclosure Form

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### DISCLOSURE OF FINANCIAL OR OTHER RELEVANT RELATIONSHIPS



Neither I nor my spouse/partner has any financial relationships with commercial interest.



I or my spouse/partner has a relevant financial relationship(s) with commercial interest(s). I will list these below.

#### Full Disclosure Index

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

Stock:

Consultant:

Employee:

Speaker's

Bureau:

Grant/Research:

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 **Will** 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:**

Psychopharmacology Update: 2019

<b>Course Date:</b>	November 09, 2019
<b>Role In Course:</b>	<b>Planner</b>
<b>Name of Faculty:</b>	<b>Mrs. Meagan Floyd,</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>Meagan Floyd</b> <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
<b>Date:</b>	<b>05/09/19</b>

## 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**

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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: 2019-05-09 07:08:28PT

IP address:107.77.202.234

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**Course Title:** Psychopharmacology Update: 2019

**Course Date:** November 09, 2019

<b>Role In Course:</b>	<b>Faculty</b>
<b>Name of Faculty:</b>	<b>Dr Jason Addison, MD</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>JA</b> <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
<b>Date:</b>	<b>06/06/19</b>

## ACCME Glossary of Terms

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timestamp: 2019-06-06 12:09:12PT

IP address:162.17.218.29

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Stock:

Consultant:

Employee:

Speaker's

Bureau:

Grant/Research: **I have received 5% FTE for 1 year from Janssen Pharmaceuticals for assistance with their clinical trials. Next year, I may receive 10% FTE from Sage Pharmaceuticals for the same.**

Other:

#### For Faculty/Speakers

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**Course Title:**

Psychopharmacology Update: 2019

<b>Course Date:</b>	November 09, 2019
<b>Role In Course:</b>	<b>Planner</b>
<b>Name of Faculty:</b>	<b>Dr Paul Nestadt, MD</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>PSN</b> <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
<b>Date:</b>	<b>05/16/19</b>

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timestamp: 2019-05-16 13:04:12PT

IP address:162.129.251.22

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#### Full Disclosure Index

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Stock:

Consultant: **Anthrotronix, Pear Therapeutics, EMD Serano, Biogen**

Employee:

Speaker's

Bureau:

Grant/Research: **Biogen, Janssen**

Other:

#### For Faculty/Speakers

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**Course Title:** Psychopharmacology Update: 2019

**Course Date:** November 09, 2019

<b>Role In Course:</b>	<b>Faculty</b>
<b>Name of Faculty:</b>	<b>Dr Adam Kaplin, MD, PhD</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>Adam Kaplin</b> <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
<b>Date:</b>	<b>05/16/19</b>

## ACCME Glossary of Terms

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timestamp: 2019-05-16 18:13:41PT

IP address:162.129.250.13

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Employee:

Speaker's

Bureau:

Grant/Research:

Other:

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**Course Title:**

Psychopharmacology Update: 2019

**Course Date:**

November 09, 2019

<b>Role In Course:</b>	<b>Faculty</b>
<b>Name of Faculty:</b>	<b>Dr Lindsey Standeven, MD</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>Lindsay Standeven</b> <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
<b>Date:</b>	<b>05/21/19</b>

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timestamp: 2019-05-21 09:08:50PT

IP address:162.129.251.72

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#### Full Disclosure Index

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Stock:

Consultant: **LivaNova Neuronetics Sage Therapeutics Janssen Genomind**

Employee:

Speaker's  
Bureau: **Janssen Sunovion Otsuka**

Grant/Research: **Neuronetics Compass**

Other:

#### For Faculty/Speakers

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**Course Title:** Psychopharmacology Update: 2019

**Course Date:** November 09, 2019

<b>Role In Course:</b>	<b>Faculty</b>
<b>Name of Faculty:</b>	<b>Dr Scott Aaronson, MD</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>STA</b> <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
<b>Date:</b>	<b>05/19/19</b>

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timestamp: 2019-05-19 11:27:36PT

IP address:76.221.94.106

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Speaker's

Bureau:

Grant/Research:

Other:

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**Course Title:** Psychopharmacology Update: 2019

**Course Date:** November 09, 2019

<b>Role In Course:</b>	<b>Faculty</b>
<b>Name of Faculty:</b>	<b>Dr Matthew Johnson, PhD</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>MWJ</b> <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
<b>Date:</b>	<b>05/23/19</b>

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timestamp: 2019-05-23 18:30:54PT

IP address:73.163.207.216

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**Course Title:**

Psychopharmacology Update: 2019

**Course Date:**

November 09, 2019

<b>Role In Course:</b>	<b>Faculty</b>
<b>Name of Faculty:</b>	<b>Dr Elizabeth Prince, DO</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>Ejp</b> <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
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## 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.

### **Relevant financial relationships**

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

### **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.

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# Division of Education

## Continuing Education Disclosure Form

In compliance with ACCME's Standards for Commercial Support, the APA, provider of CME activities, has a disclosure process to ensure that everyone who is in a position to control the content of the educational activity has disclosed all financial relationships with any commercial interest within the past twelve months (see glossary definitions). The APA has mechanisms in place to identify and resolve all conflicts of interest prior to an educational activity.

The prospective audience must be informed of the planners' and presenters' affiliations with relevant commercial organizations by an acknowledgement in published materials and by oral or visual disclosure to participants at live sessions. Disclosure by slide is required if audiovisual equipment is used for the presentation. If an individual has no relationships, the learner must be informed of that as well. The APA requires identification by presenters and authors of discussion of unlabeled uses of a commercial product or investigational use of a product not yet approved for this purpose.

Each planner and participant/author (including co-chairpersons, discussants, and all authors) must return a completed Disclosure Form, even if no relationship exists. An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a faculty member, or an author of CME.

### DISCLOSURE OF FINANCIAL OR OTHER RELEVANT RELATIONSHIPS

Neither I nor my spouse/partner has any financial relationships with commercial interest.

I or my spouse/partner has a relevant financial relationship(s) with commercial interest(s). I will list these below.

#### Full Disclosure Index

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

Stock: **Greenbrook TMS NeuroHealth Neuronetics**

Consultant: **Neuronetics**

Employee: **Greenbrook TMS**

Speaker's

Bureau:

Grant/Research: **Brainsway**

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 **Will** 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:** Psychopharmacology Update: 2019

**Course Date:** November 09, 2019

<b>Role In Course:</b>	<b>Faculty</b>
<b>Name of Faculty:</b>	<b>Dr Geoff Grammar, MD</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>Geoffrey Grammer</b> <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
<b>Date:</b>	<b>05/24/19</b>

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