

# 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.



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Stock:

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Speaker's

Bureau:

Grant/Research:

Other:

#### For Faculty/Speakers

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

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#### 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:**

TBD - Suicide Update

<b>Course Date:</b>	March 30, 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>10/09/18</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

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

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**Course Title:** TBD - Suicide Update

**Course Date:** March 30, 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>10/01/18</b>

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**Course Title:** TBD - Suicide Update

**Course Date:** March 30, 2019

<b>Role In Course:</b>	<b>Planner</b>
<b>Name of Faculty:</b>	<b>Dr Meagan Floyd, Other</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>Meagan H 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>10/02/18</b>

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

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**Course Title:** TBD - Suicide Update

**Course Date:** March 30, 2019

<b>Role In Course:</b>	<b>Faculty</b>
<b>Name of Faculty:</b>	<b>Ms. Janel Cabbage, LGPC</b> <i>(Please enter your full name)</i>
<b>Digital Signature:</b>	<b>JRC</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>10/01/18</b>

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