

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.

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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 Not** 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:

MPS/SPA 2020 Virtual CME Meeting

Course Date:	September 22, 2020
Role In Course:	Faculty
Name of Faculty:	Annette Hanson, MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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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Full Disclosure Index

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Stock:

Consultant:

I am a paid mental health subject matter expert for the Department of Homeland Security Office of Civil Rights and Civil Liberties. This presentation will express my own opinions not those of the DHS.

Employee:

Speaker's

Bureau:

Grant/Research:

Other:

For Faculty/Speakers

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Course Title:

MPS/SPA 2020 Virtual CME Meeting

Course Date:	September 22, 2020
Role In Course:	Faculty
Name of Faculty:	Dr Pamela MacPherson, MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Robert Roca, MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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Grant/Research:

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Oscar J. Bienvenu, MD <i>(Please enter your full name)</i>
Digital Signature:	OJB <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr George Kolodner, MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr. Sunil Khushalani, M.D. <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr David Casey, MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr. Robert Caudill, MD <i>(Please enter your full name)</i>
Digital Signature:	RLC <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
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timestamp: 2020-07-30 18:47:52PT

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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

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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

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For Planners

RECUSAL FROM PLANNING ACTIVITIES

I **Will** recuse myself from any discussions where a potential bias could exist.

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Mrs. Meagan Floyd, <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

ACCME Glossary of Terms

Commercial Interest

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Conflict of Interest

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timestamp: 2020-07-30 10:32:32PT

IP address:100.36.169.107

Division of Education

Continuing Education Disclosure Form

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Planner
Name of Faculty:	Ms Janet Bryan, Other <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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Conflict of Interest

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IP address:100.36.169.107

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Speaker's

Bureau:

Grant/Research:

Other:

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For Planners

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Jenny Boyer, MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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Conflict of Interest

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IP address:100.36.169.107

Division of Education

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Employee:

Speaker's

Bureau:

Grant/Research:

Other:

For Faculty/Speakers

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For Planners

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Mary Helen Davis,MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

ACCME Glossary of Terms

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Conflict of Interest

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Division of Education

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Full Disclosure Index

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Stock:

Consultant:

Employee: **Louisiana State University Health Sciences Center Shreveport**

Speaker's

Bureau:

Grant/Research:

Other:

For Faculty/Speakers

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Mary Jo Fitz-Gerald,MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Bruce Hershfield, MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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Conflict of Interest

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Division of Education

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Steven Sharfstein, MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
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IP address:100.36.169.107

Division of Education

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Course Title: MPS/SPA 2020 Virtual CME Meeting

Course Date: September 22, 2020

Role In Course:	Faculty and Planner
Name of Faculty:	Paul Nestadt, MD <i>(Please enter your full name)</i>
Digital Signature:	admin sign - see previous disc. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/30/20

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Conflict of Interest

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