

# CE Disclosure Form

The Defense Health Agency, J-7, Continuing Education Program Office ensures balance, independence, objectivity, and scientific rigor in continuing education for healthcare professionals by requiring all persons who may influence educational content to complete the following form.

<p>First and Last Name:</p> <hr/> <p>Activity Title:</p> <hr/> <p>Activity Date(s):</p> <hr/>	<p>Please indicate your role(s) in relation to the activity:</p> <p><input type="checkbox"/> CE Planner or coordinator</p> <p><input type="checkbox"/> Speaker or presenting faculty</p> <p><input type="checkbox"/> Author, writer, or content developer</p> <p><input type="checkbox"/> Content reviewer</p> <p><input type="checkbox"/> Other: _____</p>
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Please disclose **all** previous and existing financial and non-financial relationships with organizations, entities or ineligible companies in the past 24 months, regardless of the amount or potential relevance to the education.

**Ineligible company:** Any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**Examples of financial and non-financial relationships:**

- Owner
- Partner
- Employee or intern
- Contractor
- Researcher
- Fellow
- Consultant
- Advisor
- Speaker
- Research grant
- Royalties or patent beneficiary
- Individual stocks
- Stock options
- Ownership interest
- Executive role

Diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Name of Organization, Entity, or Ineligible Company	Description of Relationship	Check the Box if Relationship has Ended
		<input type="checkbox"/>

In the past 24 months, I have not had any financial relationships with any ineligible companies.

**I attest that the information I provided is correct as of the date of signature.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

