

Defense Health Agency J7 Continuing Education Program Office Continuing Education Provider Agreement

Signature	Date
Signature of this document signifies that I have read, understood, and will a	bide by these requirements and regulations.
Permission Acknowledgement: Materials developed for this CE activity may learning experience for participants; and may be further used as an endurin who may not be in attendance.	g activity to broaden their reach to participants
Commercial Support : Faculty are not permitted to receive any direct remunsupporter(s) of the activity, nor should they be subject to direct input from a of their presentation. Advertising may not be a part of educational materials during the educational activity.	a commercial supporter regarding the content
Eliminate Commercial Bias : Whenever possible, classes or groups of similar discussed using generic rather than trade names. Varying or conflicting view	• • • • • • • • • • • • • • • • • • • •
Standards of Professional Conduct: Faculty shall refrain from any manner of provided under this Agreement, including but not limited to, on the basis of age, sex, socioeconomic or ethnic background, sexual orientation, political agender identity, gender expression, or disability consistent with all applicables.	f: race, color, religion, national origin, gender, affiliation, genetic information, veteran status,
Copyright Permissions : Faculty shall obtain the necessary copyright permiss are not inclusive of their original work or for which they do not hold the cop	
Content Validation: Recommendations regarding clinical practice in this CE accepted within the health care professions as adequate justification for the of patients. All scientific research referred to, reported or used in this CE act recommendation will conform to the generally accepted standards of expertactivity content and resources will be provided in advance as requested and CE activity occurring (or being released) for fair balance and compliance we	eir indications and contraindications in the care tivity in support or justification of a patient care imental design, data collection and analysis. Ind reviewed and edited accordingly prior to the
Disclosure of Off-label/Unapproved Uses: Faculty shall make meaningful di provide information, in whole or in part, related to the off-label, unapprove approved) use of products or procedures, and any limitations on the inform preliminary or that represent ongoing research, interim analyses, and/or un <i>intentions on the attached Disclosure form.</i>	d, experimental, and/or investigational (<u>not</u> FDA ation presented, such as data that are
Disclosure of Conflict of Interest: It is the policy of the Defense Health Agent accredited providers of continuing education (CE) for health care profession balanced, evidence-based, and free from commercial influence. In complian position to influence the content of the educational activity must identify and to a CE activity. Relevant relationships identified on the attached Disclosure relationships) must be conveyed to the audience prior to the activity.	nals, to ensure that all educational programs are nce with these requirements, all persons in a nd resolve all potential conflicts of interest prior
Faculty Name:	
Activity Date:	
Activity Name:	