Defense Health Agency J-7 Continuing Education Program Office
Continuing Education Activities Disclosure Form

Name: _____

Title of Activity: _____

Date of Activity: _____

Please indicate your role: *(Check all that apply)* ☐ Presenter ☐ Planning Committee ☐ Moderator ☐ Reviewer

It is the policy of the Defense Health Agency, J-7, Continuing Education Program Office as accredited providers of continuing education (CE)/continuing medical education (CME) for health care professionals, to ensure balance, independence, objectivity, and scientific rigor in all CE/CME activities. In compliance with accreditation requirements, all persons in a position to influence the content of the CE/CME activity (i.e., planning committee members, reviewers, moderators and presenters) are required to disclose relevant financial/nonfinancial interests or other relationships they have with commercial interests, as well as, ineligible companies over the past 24months. A **commercial interest** is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not considered to be commercial interests. **Ineligible companies** are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

Regarding your role in the educational activity **(check one)**:

☐ No, I **do not have** a relevant financial/nonfinancial interest or other relationship with a commercial interest to report in the last 24 months, as defined above.

☐ Yes, I **do have** a relevant financial/nonfinancial interest or relationship with a commercial interest to report in the last 24 months, as defined above (provide information below). *Note: there is no need to disclose the financial value of any affiliation.*

Type of Affiliation/Relationship (e.g., salary, royalty, consultant, grant recipient, contracted research)	**Name of Company(s)**	**Has the Relationship Ended?** (If financial relationship existed in the last 24 months, but has now ended, check below.)
		☐
		☐
		☐
		☐

Discussion of Off-label/Unapproved Use: CE/CME materials that provide information, in whole or in part, related to the off-label, unapproved (not FDA approved) use of products, procedures and/or devices must clearly acknowledge the unlabeled, experimental and/or investigational nature of their proposed uses to the audience.

☐ Yes, I will be discussing off-labeled uses for purposes other than that for which the product use was approved by the FDA. I will inform the audience at the start of the CE/CME activity as required by accreditation guidelines.

If yes, list the product and manufacturer: _____

☐ No, I will not be discussing off-label uses.

☐ Not applicable to my role as a content reviewer, planner or moderator.

The information provided above must be disclosed to learners before the start of the activity.

Signature _____ Date _____