

**CHILDREN'S HOSPITAL NEW ORLEANS**  
**Continuing Medical Education**

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Title of Activity: *Southern Pediatric Neurology Society Annual Meeting*

Date of Activity:

Role in Course:  Presenter/Faculty                       Planner

The intent of disclosure is not to prevent a participant with significant financial or other relationships from making a presentation, but rather to provide participants with adequate information about the relationship(s).

**Disclosure of Relevant Financial Relationships & FDA Off-Label Use**

**Conflict of Interest**

To ensure balance, independence, objectivity and scientific rigor in all of its educational activities Children's Hospital New Orleans wants to identify and resolve all potential Conflicts of Interest with any individual (which we define to include a spouse/partner) who may be in a position to influence and/or control educational activities.

**Definition**

A conflict of interest will be considered to exist if the individual as defined above has received **financial benefits** (e.g., grants, research support, honoraria, employee, consultant, board of directors, licensing agreement) in any amount from a **commercial interest** (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) within the past 12 months.

All individuals in a position to influence and/or control the content of Children's Hospital New Orleans sponsored educational activities are required to disclose to learners that the individual either has no relevant financial relationship or any financial relationship with the manufacturer(s) of any commercial product(s) and/or providers of commercial services discussed in the educational activities.

**To the best of your knowledge, do you and/or your spouse/partner have a financial relationship with a commercial interest?** *(This includes any entity producing, marketing, re-selling or distributing dental, health care goods or services consumed by or used on, patients.)*

**Yes**     **No, I nor my spouse/partner has a financial relationship with a commercial interest.**

If you answered "yes," please list the company and relationship below.

Types of support can include:

Salary  
Royalties  
Intellectual Property Rights  
Consulting Fee  
Honoraria  
Ownership Interest (stock, stock options, other ownership, excluding diversified mutual funds)

Speakers Bureau  
Membership on advisory committees, review panels  
Board Memberships  
Other activities from which remuneration is received expected  
In-kind donations

Commercial Interest	Entity with Relationship	Nature of Relevant Financial Relationship (include all those that apply)	
		What Was Received?	For What Role?
Ex: Pharmaceutical Company X	Self	Honoraria	Speaker
Ex: XYZ Publisher	Spouse	Royalties	Author

Please complete the following additional questions:

**I agree:**

I will uphold Children's Hospital New Orleans standards to ensure balance, independence, objectivity and scientific rigor in my role in planning or presentation of the educational activity. All recommendations involving clinical information in my dental activity will be based on evidence that is accepted within the profession of dentistry as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Furthermore, I will not present activities that promote recommendations, treatment, or manners of practicing dentistry that are known to have risks or dangers that outweigh the benefits, or known to be effective in the treatment of patients.

**I agree:**

**Disclosure of Off-Label (Unapproved/Investigational) Uses of Products**

I understand and agree to abide by FDA regulations and will clearly delineate utilization of "off label" use of drugs or devices for the audience. Faculty are required to disclose to Children's Hospital New Orleans and to learners when they plan to discuss or demonstrate pharmaceuticals and/or dental devices that are not approved by the FDA and or dental or surgical procedures that involve an unapproved or "off-label" use of an approved device or pharmaceutical.

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Signature

Date