**Continuing** **Pharmacy Education**

**Requirements for Disclosure**

**(Concerning Relationships That**

**Hold Potential for Bias**

A potential for bias may exist if a continuing education activity faculty member (activity director, moderator, author, or speaker) is affiliated with or has financial interest in any organization(s) that may have a direct interest in the subject matter of the presentation. Situation involving potential for bias are not inherently problematic or unethical, but the prospective audience must be made aware of the affiliation or financial prospective audience must be made aware of the affiliation or financial interest/ arrangement\* via an acknowledgment in the faculty listing in the activity syllabus.

For example, if Dr. Doe has an *affiliation* with such an organization, the following disclosure is appropriate:

 John Doe, PharmD

 Assistant Professor Cardiology

 ABC Universal Medical Center

 President

 Right to Life Association

or, if Dr. Doe has a *financial interest/arrangement* with such an organization, the disclosure may be as follows:

John Doe, PharmD John Doe, PharmD

Assistant Professor of Cardiology Assistant Professor of Cardiology

ABC Universal Medical Center ABC Universal Medical Center

 Research Consultant OR Stockholder

 XYZ Pharmaceuticals XYZ Pharmaceuticals

The intent of this policy is *not* to prevent an author or a speaker with an affiliation or financial intent from making a presentation. It is intended that any potential bias be identified openly so that the audience is provided full disclosure of the fact and may form their own judgments about the presentation. A reasonable test to guide decisions about what to disclose is whether a particular affiliation relationships could cause embarrassment to the individual or institution involved, or lead to questions about the author’s or speaker’s motives should such affiliation(s) be disclosed to the general public.

*\*Financial interest/arrangements is defined as shareholding, acceptance of paid travel expenses or honoraria or acceptance of payment for research.*

 **Disclosure Declaration**

**(Concerning Relationships That**

**Hold the Potential for Bias)**

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| Activity:  | Date:       |

[ ]  **I do not have** (nor does any immediate family member have) a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization w hose philosophy could potentially bias my presentation.

[ ]  **I have** (or an immediate family member has)a vested in or affiliation with a corporate organization offering financial support or grant monies for this continuing education activity or with any organization that has a specific interest in the therapeutic areas under discussion, as follows:

**Affiliation/Financial Interest Corporate Organization**

Grant/Research Support

Consultant

Stock Shareholder (Directly purchased)

Speaker with honorarium

Other financial or Material Support

Other Affiliation

Having an interest in or affiliation with a corporate organization does not necessarily preclude a participant from making a presentation, but the relationship must be made known to the audience.

Failure to disclose or false disclosure will require the University of New Mexico College of Pharmacy to identify a replacement for your participation.

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| Name (Please Type/Print)  |  Signature |
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