

The Society for Cardiovascular Angiography and Interventions

DISCLOSURE FORM

Contact Information

Name and Credentials:		Profession	al Title:	
Institution:	City:	:	State:	Zip code:
Phone:	Fax:	Emai	il:	
Brief Expertise Statement:_				
If you are filling out this for	rm in advance of giving	g a CME presentation	on, please pro	vide the following information;
Presentation Title:				
Learning Objective(s):				
Pre/Post-Test Question with	n Answer(s):			

As a provider of continuing education through the Accreditation Council for Continuing Medical Education (ACCME), it is the Society's policy to ensure balance, independence, objectivity and scientific rigor in all of its activities. All participating faculty, course directors, and SCAI committee and board of trustee members are required to disclose to SCAI all of their financial relationships with commercial interests, manufacturers and proprietary companies. Disclosure information is reviewed in order to manage and resolve any possible conflicts of interest. The intent of this disclosure is not to prevent the individual from being involved in SCAI activities, but rather to provide program participants with complete information with which they can make their own judgments.

Should it be determined that a conflict of interest exists as a result of any financial relationship you may have as it pertains to the content of, or your involvement with a SCAI activity, you will be contacted and methods to resolve the conflict will be discussed with you. If you decline to disclose relevant financial relationships you will be excused from being a part of the planning and implementation of any SCAI activity.

1. \square YES \square NO Within the past 12 months, I or my spouse/partner have had financial relationships with commercial interests, manufacturers, and/or proprietary entities. If "Yes" please indicate the relationships in the grid below.

Name of Commercial Supporter	Advisory Board/Board Member	Consultant	Employee	Grant Research Support	Speakers Bureau	Stock/ Shareholder	Other
☐ In my role w recommendatio All rec medic All sci	with this activity, I ons for clinical card commendations in ine as adequate justientific research returns to generally activities.	e: volving clinical stification for the eferred to or rep	medicine are beir indications orted in suppor	ased on eviden and contradicti t or justification	ce accepted wi ons in the care	thin the professio of patients; AND are recommendati	on of O/OR
Signa	ture	_			Da	ate	

Return disclosure form to: SCAI at cme@scai.org; Fax: 202-689-7224