**The New York State Council of Health-system Pharmacists**

230 Washington Avenue Extension Albany, NY 12203

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**Conflict of Interest Disclosure Continuing Professional Development (CPD)**

**Activity Title: Activity Date: Name:**

***Check all that***

***apply:*** Faculty Course Director Author Reviewer Moderator Planning Committee Other

As an ACPE accredited provider, New York State Council of Health-system Pharmacists must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored, jointly sponsored, and certified educational activities. Any individual being considered to participate in a sponsored/certified activity who is in a position to control the content is required to disclose any financial relationships \*\*with commercial interests\*\*

The intent of this disclosure is to aid the New York State Council of Health-system Pharmacists in determining:

1) whether a potential conflict of interest exists; and, if so,

2) whether that potential conflict can be resolved.

All such information disclosed by everyone appointed to participate in the CPD activity will be disclosed to the CPD activity participants.

**REFUSAL(S) TO DISCLOSE WILL PROHIBIT PARTICIPATION IN NEW YORK STATE COUNCIL OF HEALTH-SYSTEM PHARMACISTS SPONSORED/CERTIFIED ACTIVITIES.**

\* Financial Relations hip refers to financial relationships of any amount, on the part of the individual and their spouse/partner occurring within the past 12 months in which

the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels , board membership, and other activities from which renumeration is received, or expected.

\*\* A Commercial Interest is any proprietary entity producing health care goods and services except for non-profit or government organizations and non-healthcare related companies.

Financial Relations hips: ACPE focuses on financial relations hips with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of **THIS** CPD activity. ACPE has not set a minimal dollar amount for relationships. Inherent in any amount is the incentive to maintain or increase the value of the relations hip. The ACPE defines ‘financial relations hips as financial relations hips in any amount occurring within the past 12 months that create a conflict of interest.

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| **Commercial Interest(s)** | **---- Type of Financial Relationship ----*****Include spousal/life partner relationships. Check all the apply:*** |
| **WITHIN THE PAST 12 MONTHS ONLY** | **Grant/ Research** | **Consultant** | **Stockholder** | **Speakers****Bureau** | **Other** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| **Will any of the above relationships impact your ability to present an unbiased presentation? NO \_\_\_\_ YES\_\_\_\_**  |

I have no conflict of interest(s) to report.

I intend to reference unlabeled/unapproved uses of drugs or products in my presentation.

**I represent that the foregoing information is complete and truthful.**

Signature of Reporting Individual Date of Submission

2023