



# The New York State Council of Health-system Pharmacists

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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 Relationship 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 remuneration is received, or expected.

\*\* A Commercial Interest is any proprietary entity producing health care goods and services with the exception of non-profit or government organizations and non-health care related companies.

Relevant Financial Relationships ACPE focuses on financial relationships 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 to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACPE defines 'relevant' financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

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

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