

**Texas Orthopaedic Association
Disclosure of Relevant Financial Relationships**

By Speakers of CME Activities

The intent of this disclosure is to allow TOA the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CME activities. All faculty and planners of TOA-sponsored activities are expected to disclose to TOA any relevant financial relationships with any commercial interest that produces health care goods or services concerned with the content of an educational presentation.

Conflict of interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which she/he has a financial relationship.

Commercial interest: Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Financial relationships: Those relationships 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, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, grant, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, research, membership on advisory committees or review panels, board membership, and other activities (please specify).

PLEASE COMPLETE AND SIGN ON THE SIGNATURE LINE BELOW

Name of Speaker or Planner: _____

Title of CME Presentation: _____

Date of Activity: _____

Do you have relevant financial relationships with proprietary entities producing health care goods or services related to the **content of your presentation at this activity?** **Yes** **No**

If yes, please identify the company and the nature of this relationship below.

Commercial Interest

Example: Company X

What was Received

Honorarium

For What Role

Speaker

Example Terminology

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Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, research, membership on advisory committees or review panels, board membership, and other activities (please specify).

Permission Request Form

I _____, hereby grant Texas Orthopaedic Association permission to record, digitize, and distribute via an openly accessible website and/or other electronic formats for educational purposes, my lecture(s) as noted above. This grant includes authorization to use my name, voice, likeness, biographic information, and supporting material (presentation) in connection with each recorded lecture. Texas Orthopaedic Association will not use the captured content for any other purpose without obtaining permission from the undersigned. I understand that the association will act in reliance on this permission.

Please provide 5 questions with correct and incorrect answers for the audience/future CME Programs:

1. _____

Correct Answer: _____

Incorrect answer(s): _____

2. _____

Correct Answer: _____

Incorrect answer(s): _____

3. _____

Correct Answer: _____

Incorrect answer(s): _____

4. _____

Correct Answer: _____

Incorrect answer(s): _____

5. _____

Correct Answer: _____

Incorrect answer(s): _____

Signature of Speaker: _____

Date: _____