Fax form to: (510) 271-5757 Attention Tara Hutchisson by Friday, October 7th

Faculty Disclosure Statement

To: Course Organizers, Directors and Lecturers

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Kaiser Permanente National CME Program must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All faculty participating in a sponsored course are expected to disclose to the course audience any relevant financial relationships* or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the course. The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker’s interests or relationships may influence the presentation with regard to exposition or conclusion.

Title of CME Activity: Kaiser Permanente National Diversity Conference

Date of CME Activity:__________________________________________

Presenter/faculty name:__________________________________________

Title of presentation:__________________________________________

Please complete sections I – V

I. Will your presentation include a discussion of any commercial products or services? □ Yes □ No

A. If yes, over the past twelve months have you or any member of your immediate family had relevant financial relationships or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services you intend to discuss? □ Yes □ No

B. If yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s)__________________________________________

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II. In addition to the above, please describe all relevant relationships with commercial entities even though you will not be discussing their products or services.

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<th>Name of Corporate Organization(s)</th>
<th>Nature of Relationship</th>
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III. It is the speaker’s responsibility to disclose any presentation of off-label uses of a product. Your signature indicates that you will verbally disclose that information. Do you anticipate your presentation to include discussion of any off-label uses of a product?

☐ Yes, If yes, please list ________________________________________
☐ No

IV. Faculty may not solicit or accept honoraria, expense reimbursement, consulting fees, or other funds from commercial sponsors for their participation at Kaiser Permanente National CME programs. Violation of this policy may result in forfeiture of honoraria and expense payments from Kaiser Permanente, and limitations or restrictions on participation as faculty at other Kaiser Permanente CME programs.

V. Patient Care Recommendation
A. Will your presentation include patient care recommendations?
   ☐ Yes  ☐ No

B. If YES, attach the bibliography (of articles or other sources) which provide the evidence supporting your patient care recommendations. The bibliography will be provided to participants in the syllabus.

* Relevant financial relationships requiring disclosure above include:
  • ownership or part ownership of commercial entities
  • membership on boards of directors or trustees, or advisory committees of commercial entities
  • grants or research support from commercial entities (excludes grants from governmental or non-profit, independent foundations)
  • employee of commercial entities
  • consultant for commercial entities
  • 5% or greater stock holder (excludes mutual fund holdings) of commercial entities
  • member of speakers bureau for commercial entities

"Conflicts of interest" may arise when personal or financial relationships or interests interfere, or have the potential to interfere, with professional roles, responsibilities, or judgment.

Signature: ___________________________ Date: ___________________________