

Instructor Disclosure Form

Activity Title:	Engage-IL		
Location (if Live Activity):		Activity Date:	
Presentation Title:	Medication Management and Dementia		
Commercial Supporter:			
Instructor Name:	Laura Meyer-Junco, PharmD		

INTRODUCTION

As a sponsor recognized by the American Dental Association's Continuing Education Recognition Program (ADA CERP), the University of Illinois at Chicago (UIC), College of Dentistry (COD) must ensure balance, independence, objectivity, and scientific rigor in all its direct or jointly sponsored educational activities. In keeping with the ADA's endorsement of the U.S. Food and Drug Administration (FDA) proposed policy statement on Industry Supported Scientific and Educational Activities (issued 1993), UIC COD has implemented a process whereby everyone who is in a position to control/influence the content of an educational activity must disclose all relevant financial relationships with any commercial interest (see definitions) in the therapeutic area of the activity. Failure to disclose will result in your disqualification from being a part of the planning and implementation of this CME activity.

In the areas indicated below please list the names of all proprietary entities producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies with which you have a relationship. You will need to include any financial relationships you have, or have had, within the past 12 months. Please indicate the nature of the relationship. UIC COD does NOT need to know how much you received, just the nature of the relationship that you have with a commercial interest(s).

This information will be disclosed to participants prior to any educational activities in brief statements in all educational activity materials.

DISCLOSURE ATTESTATION

Do you currently or in the past 12 months have any financial relationships with a commercial interest whose product(s) may be discuss in your presentation(s)? If you do not have any affiliation with any Commercial Interest, please check off the box in Section A and proceed to Sections C and D. If you have an affiliation of the types indicated in Section B, please identify each company with which you have a relationship. If you do not have a relationship for that specific type, do not type anything in. After typing out the company's name, please proceed to Sections C and D.

Section A

<input checked="" type="checkbox"/> I do not have a financial relationship with any commercial interests.

Section B

Type of Affiliation/Relationship	Name of Organization(s)
Formal advisor activities (<i>i.e., scientific boards, review panels, board membership</i>)	
Specific research activities	
Full-time/part-time employment	
Intellectual property rights	

