University of Illinois at Chicago (UIC) ENGAGE-IL Continuing Education Author/Instructor/Speaker, Editor, Expert Interviewee Disclosure Form

The University of Illinois at Chicago (UIC) ENGAGE-IL is committed to ensuring that all activities for continuing education credit are independent of commercial interests. Commercial interests include financial and non-financial interests that the speaker or instructor may have in a service or product mentioned in the activity. This policy is to ensure that the materials presented in continuing education activities are based on best clinical evidence without any commercial bias.

All individuals who are in a position to control or influence any content presented through the UIC ENGAGE-IL for AOTA CE activity are required to disclose all relationships with any commercial interest. Disclosure of all interests must be submitted to the ENGAGE-IL CE committee for review. All conflicts of interest, including potential ones, must be resolved prior to planning, implementation, or evaluation of the educational activity. Relationships must also be disclosed to the learners prior to the start of the educational activity. UIC ENGAGE-IL will ensure that the source of support from the Commercial Interest, either direct or "in-kind" is disclosed to participants, in marketing and program materials, at the time of the activity.

Refusal to disclose potential conflicts will disqualify a speaker from participating in an OT activity. These disclosure forms will be maintained and kept for the duration of the activity and kept on file thereafter. In the event a speaker/instructor may have a future presentation, the speaker/instructor will be asked to review and update the disclosure statement.

Conflict Resolution:

In the event that a speaker discloses a potential conflict of interest, the UIC ENGAGE-IL CE committee will take steps to evaluate and resolve the issue.

1. The committee will review the activity content and conflict of interest to ensure it is free from commercial bias. If need be, an external content reviewer may be asked to step in to the review the activity for integrity and potential bias. Together, the committee will determine if the conflict is independent of the materials presented, appropriately used from the commercial support, or a form of commercial promotion.

2. If the conflict does not influence the activity content, the committee will deem the conflict to be resolved.

3. If a conflict was determined to exist, possible actions to resolve the conflict include:

- Requesting that the speaker/instructor to modify, update, or remove specific content in the activity that presents the conflict of interest
- Not awarding contact hours for the portion of the activity with the conflict or all of the educational activity
- Removal of the speaker/instructor

University of Illinois at Chicago ENGAGE-IL Continuing Education Author/Instructor/Speaker, Editor, Expert Interviewee Disclosure Form

Name: Ruth Palan Lopez

Title: Professor

Organizations: MGH Institute of Health Professions

Title of Learning Activity: ENGAGE- IL CE Program

__X_ I have no actual or potential conflict of interest in relation to this activity

___ I have (or my partner/spouse has) a potentially commercial interest, either financial or non-financial, that could be perceived as a real or apparent conflict that may influence the activity content.

Actual, potential, or perceived conflicts of interest:

___ Grant or research support

___ Salary

___ Consultant

___ Speaker's Bureau

___ Stock holder

___ Clinical investigator

___ Royalty

___ Other (please specify)

The following agreement confirms the terms and conditions of the speaker/instructor with UIC ENGAGE-IL to provide AOTA CE learning activity credits.

__X_ I have disclosed all potential conflicts of interests and this information will be shared with the learner.

X___ I have read the UIC ENGAGE-IL copyright policy for CE activities. I confirm that either 1) the materials I provide to UIC ENGAGE-IL do not contain any copyright materials owned by another person or entity; and/or 2) I have written permission to distribute and reproduce copyrighted materials by the individual or entity that owns that material. Under the copyright policy, (if applicable) I have agreed to provide the written permission by the individual or entity to UIC ENGAGE-IL.

X___ I agree that the materials and my presentation is aligned with the standards of professional conduct. The presentation I have prepared is fair and balanced, independent of bias and meets objective and scientific rigor. To the best of my extent, materials are evidence-based and current and meets the standards of occupational therapy education and practice.

I have read and fully understand the information provided to me in this form. By signing below, I attest to each item and agree to be held against these terms and conditions.

Ruth Palan Lopez 2/20/2017 (signature and date)

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (eg, 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 (excluding 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.

Relevant Financial Relationships: The FDA 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 the CE activity. The FDA 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 FDA defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that creates a conflict of interest.

UIC COLLEGE OF DENTISTRY
UNIVERSITY OF ILLINOIS AT CHICAGO

Instructor Disclosure Form

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact Ana Lisa Ogbac, as soon as possible at 312-966-0485 or at aogbac1@uic.edu.

Agree	Disagree	
☑	☐	I have disclosed to UIC COD all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in print.
☑	☐	The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
☑	☐	I certify that the images in the presentation and content distributed in course materials have not been falsified or misrepresent the outcome of the treatment. Images for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
☑	☐	I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with UIC COD.
☐	☐	I understand that UIC COD may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

Agree	Disagree	N/A	
☐	☐	☑	If I am presenting at a live event, I understand that a CE monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature.
☑	☐	☐	If I am providing recommendations involving clinical dentistry, they will be based on evidence that is accepted within the profession of dentistry as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CE in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
☐	☐	☑	If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
☐	☐	☑	If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
☐	☐	☑	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
☐	☐	☑	If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

I have carefully read and considered each item in this form, and have completed it to the best of my ability.

Signature

2/20/2017
Date

UIC COLLEGE OF DENTISTRY
UNIVERSITY OF ILLINOIS AT CHICAGO

Instructor Disclosure Form

Activity Title:	Engage Illinois website		
Location (*if Live Activity*):		**Activity Date:**	
Presentation Title:	The Dying Process		
Commercial Supporter:			
Instructor Name:	Ruth Palan Lopez		

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

☒ **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.e., scientific boards, review panels, board membership*)	
Specific research activities	
Full-time/part-time employment	
Intellectual property rights	

Section B (cont'd.)

Type of Affiliation/Relationship	Name of Organization(s)
Speaker's bureau	
Product royalty/licensing fees	
Consultant	
Honoraria (*do not include fees paid as a content expert or presenter in a CME/CE activity*)	
Stocks, stock options, or shares held by you or any immediate family member in any commercial company whose product(s) you may discuss in your presentation(s). Excludes diversified mutual funds.	
Other financial relationship between yourself and any commercial company whose product(s) you may discuss in your presentation(s)	
Management position	
Independent contractor (*including contracted research*)	

Section C:

☐ I intend to reference unlabeled/unapproved uses of drugs or products in my presentation. Drugs or products I will reference are:

Section D

I certify that the information I have provided is true and complete to the best of my knowledge.

I understand that relevant financial relationships with any commercial company whose product(s) I may discuss in my presentation must be disclosed prior to, and will be listed in materials for, CE-certified presentations.

Signature

2/20/2017
Date

DEFINITIONS

Commercial Interest

A "commercial interest" is any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.

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

The Division of Pharmacy Professional Development
School of Pharmacy, University of Wisconsin
777 Highland Avenue, Madison, WI 53705

DISCLOSURE DECLARATION FOR CE PROGRAM FACULTY/PROVIDERS/PLANNING COMMITTEE

The Division of Pharmacy Professional Development (DPPD) at the University of Wisconsin-Madison School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of pharmacy continuing education. Consistent with accreditation standards and our own internal policies, our goal is to insure balance, independence, objectivity, and scientific rigor in all educational programs for which we serve in a sponsorship/provider role. Thus, anyone who is in a position to control the content of an educational activity must disclose to DPPD all relevant financial relationships with any commercial interest. Disclosures will be reviewed by DPPD. Should it be determined that a conflict of interest might exist as a result of a reported financial interest, this will need to be resolved prior to the activity through a follow-up communication to be initiated by DPPD. Further, presenters are required to identify if they will address off-label use of any drugs/devices. The intent of these disclosure policies is not to prevent an individual from contributing to the content of a program; rather, the intent is to allow DPPD to openly identify and resolve factors which may impact program content and, in turn, allow program participants to form their own judgements about the program.

TERMS AND CONDITIONS

By completing/signing page 2 of this document, the faculty member/provider understands and accepts the following conditions as defined and required by the Division of Pharmacy Professional Development (DPPD):

1. **Disclosure.** A Disclosure Declaration must be completed/submitted not later than 45 days prior to the educational activity. Refusal to submit a Disclosure Declaration will result in disqualification from participation in the program.
2. **Commercial Interest.** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. This includes all commercial interests, not just those that might be directly related to the specific program for which a disclosure is signed. Providers of clinical service directly to patients are not commercial interests.
3. **Relevant Financial Relationship.** Financial relationship of any amount occurring within the past 12 months that create a conflict of interest; this includes relevant financial relationships of a spouse or partner.
4. **Fair-Balance.** Presentations must be fair-and-balanced, e.g., objective, free from promotion of a product, device and/or service, and scientifically rigorous.
5. **Unlabeled and Unapproved Uses.** Presenters who provide information in whole or in part related to non-FDA approved uses for drug products and/or devices must clearly acknowledge the unlabeled indications or the investigative nature of the proposed use(s) to the audience. Presenters who plan to discuss non-FDA approved uses for commercial products and/or devices must advise DPPD of their intent by indicating such on the signed disclosure form.
6. **Use of Generic versus Trade Names.** Presenters should use scientific or generic names in referring to products in their lectures or enduring materials. Should it be necessary to use a trade name, then the trade names of all similar products or those within a class should be used.
7. **Commercial Supporter Influence.** Presenters should not be subject to influence from a commercial entity regarding the content of their presentation.
8. **Faculty Honorarium.** A faculty honorarium will be paid only upon successful delivery/completion of the program. Payment of honorarium/expenses to faculty will be made directly by the provider or an educational partner approved by the provider.

DISCLOSURE DECLARATION FOR CE PROGRAM FACULTY/CONTENT CONTRIBUTORS/PLANNING COMMITTEE
(Note: except for signature, please print for clarity)

TITLE OF CE ACTIVITY/PRESENTATION: Engage-IL Project

PROGRAM DATE: Home Study: Release Date 7-1-2016

NAME: First ____Ruth_____ **Middle Initial** _Palan__ **Last**___Lopez_____

Home Address _90 Mountain Street_____

City __Sharon_____ **State MA**____ **Zip** _02067__

Signature Ruth Palan Lopez **Date** 2/20/2017

A response to #1, #2 and #3 is required.

1. I, or a spouse/partner, have a financial relationship with a commercial entity (Note: definitions of financial relationship and commercial interest are found on page 1 of this document. Further, this includes all commercial entities, not just those which might have a specific relationship to this program.)

   [x] No [ ] Yes (If yes, please provide details below in a printed, legible manner)

Commercial Interest (e.g., name of company)	**Nature of what I received** (not $ amount; e.g., salary, consulting fee, honoraria, stock benefits, grant, etc.)	**My role** (speaker, advisory board, review panel, research, consulting, etc.)

2. I agree to the "Terms and Conditions" listed on page 1 of this form.

   [ ] No [x] Yes

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

   [x] No [ ] Yes [ ] Not Applicable

   If Yes, please specify product name/use:

   Product Name(s) _____

   Therapeutic Use(s) _____

PLEASE RETURN BY EMAIL OR FAX TO: Ruth Bruskiewitz, ruth.bruskiewitz@wisc.edu FAX 608-262-2431