

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 aogbacl@uic.edu.

Agree	Disagree		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with UIC COD.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		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	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

Elizabeth W. Petrus
Signature

2/2/17
Date