

**American Otological Society, Inc.**

**Disclosure/ Conflict of Interest Declaration Statement**

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**CME Program: The AOS 144th Annual Spring Meeting – April 30-May 1, 2011 – Chicago, IL**

**Full Name and Designation: \_\_\_\_\_**

**Content: Title of Abstract/Presentation \_\_\_\_\_**

**Role in CME Activity:**  Primary Author     Panelist     Guest Lecturer     Moderator     Administrative Staff  
**(Check all that apply)**     Program Advisory Committee     AOS Council Member

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I understand a member of the AOS and *The AOS/ANS Joint Council*, as the ACCME Accredited CME provider, will review the content of my presentation prior to the CME activity taking place; I will provide educational content and resources in advance as requested.

I have read the Conflict of Interest/Presenter/Faculty Disclosure Declaration Statement information and agree to abide by this policy.

**Signature of CME Activity Primary Author/Presenter (electronic or fill-in)**

**Date:** \_\_\_\_\_

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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 the AOS Administrative office as soon as possible.

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- I have disclosed to the AOS 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 have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the AOS.

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- If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
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- 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.
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- 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 of CME Activity Primary Author/Presenter**

(If sending electronically, your email copy will serve as your signature)

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**Date**

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