

CME DISCLOSURE FOR CONFLICTS OF INTEREST FORM

Name:	Email Address:
Address:	
City/State/Zip:	
Office Phone:	Cell Phone:
Presentation Title:	Date/Time of Presentation:
Role you hold specific to this CME activity: ☐ LAFP Physician Leadership ☐ Education Committee Member ☐ Presentation Faculty ☐ CME Company Organizer	
Tax ID # or Social Security # ☐ N/A	Date of Birth: ☐ N/A

Full Disclosure for CME Activities

All individuals in a position to control content must disclosure online to the LAFP any financial relationships they or their spouse or domestic partner have had with [ineligible companies](#) within the previous 24 months (36 months for journal editors and editorial board members) or might have within the foreseeable future. *An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Individuals must disclose all financial relationships with ineligible companies, regardless of the amount or the potential relevance to the education.*

☐ A. In the past 24 months (36 months for journal editors and editorial board members), I have not had a financial relationship with an ineligible company.

☐ B. In the past 24 months (36 months for journal editors and editorial board members), I have had a financial relationship with an ineligible company. Check all that apply:

- | | | |
|---|---|--------------------------------------|
| ☐ Research Grants | ☐ Consultant or Advisory Board | ☐ Employment |
| ☐ Speakers' Bureau** | ☐ Consultant for Fee | ☐ Partnership |
| ☐ Ownership | ☐ Manuscript Preparation ** | ☐ Honorarium |
| ☐ Receipt of Equipment or Supplies | ☐ Stock/Bond Holdings (excluding mutual funds) | |
| ☐ Other (Please List) _____ | | |

Please indicate the names and organization(s) with which you have a financial relationship or interest, the type of relationship, and the topic area that correspond to the relationship. If more than four relationships, please list on a separate piece of paper.

Organization with which Relationship Exists	Type of Relationship	Topic Area(s) Involved
1.		
2.		
3.		
4.		

**** If you checked "Speakers' Bureau" in Item B, please continue:**

1. Did you participate in company provided- speaker training related to your topic? ☐ Yes ☐ No
 2. Did you travel to participate in this training? ☐ Yes ☐ No
 3. Did the company provide you with any slides or the presentation in which you were trained as a speaker? ☐ Yes ☐ No
 4. Did the company pay the travel/lodging/other expenses? ☐ Yes ☐ No
 5. Did you receive an honorarium or consulting fee for participating in this training? ☐ Yes ☐ No
 6. Have you received any other type of compensation from this company? If yes, please specify: ☐ Yes ☐ No
-
7. When serving as faculty for the LAFP, will you use slides provided by a proprietary entity? ☐ Yes ☐ No
 8. Will your topic involve information or data obtained from commercial speaker training? ☐ Yes ☐ No

**** If you checked "Manuscript Preparation" in Item B, please continue:**

1. Was any assistance provided by a commercial interest, medical communications company, or professional writer? ☐ Yes ☐ No
If yes, please describe who provided the assistance: _____
-
2. Was this topic suggested by an advisory panel that receives support (ex: educational grant) from a commercial interest? ☐ Yes ☐ No

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

☐ A. The content of my material(s) / presentation(s) in this CME activity **WILL NOT** include discussion of unapproved or investigational uses of products or devices.

☐ B. The content of my material(s) / presentation(s) in this CME activity **WILL include** discussion of unapproved or investigational uses of products or devices.

☐ I have read and understand the LAFP policy on full disclosure. If I have indicated a financial relationship, I understand that this information will be reviewed to determine whether this relationship precludes my participation, and I may be asked to provide additional information. I understand that it is necessary to notify relevant staff and update disclosure information should my status change during the course of the CME activity. I understand that failure or refusal to disclose, false disclosure, or inability to resolve any relevant financial relationships will disqualify me from participating in this activity.

Signature: _____

Date: _____

Please upload this form with your CME Faculty Proposal Application or return the form by January 29, 2027 to:

Ragan LeBlanc

919 Tara Blvd • Baton Rouge, LA 70806

Phone: 225.923.3313 • rleblanc@lafp.org