All prospective planners, faculty, and others who may control educational content in PACE jointly provided activities are expected to disclose **all financial relationships** they have had in the **past 24 months** with ineligible companies, prior to the beginning of the accredited CE activity. An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients1. There is no minimum financial threshold; **PACE asks that you disclose all financial relationships, regardless of the amount with ineligible companies and regardless of the potential relevance of each relationship to the education**. PACE must identify and mitigate any relevant financial relationships prior to activity development. In accordance with the ACCME *Standards for Integrity and Independence in Accredited Continuing Education*, failure to provide disclosure information in a timely manner will result in your disqualification as a potential planner, faculty member, author, activity chair, or reviewer in this activity.

**ACTIVITY TITLE:**  **2024 USPHS Scientific and Training Symposium**

**NAME/DEGREE:** Click or tap here to enter text.

**FACULTY/TEACHER/AUTHOR  PLANNER/REVIEWER  OTHER** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| Have you had any financial relationship in any amount ***in the last 24 months*** with any ineligible company? | **YES**  ***Please fill out the table below*.** | **NO** – In the past 24 months, I have not had **any** financial relationships with any ineligible companies. |

**I disclose the following financial relationships with any ineligible company within the past 24 months:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Ineligible Company in theLast 24 months | | | **Type of Financial Relationship2** | **List specific clinical area/disease state expertise/drug that relate to your relationship with listed ineligible company.** | **Has the relationship ended? If the financial relationship existed during the last 24 months, but has now ended, please check box in this column.** | | | **For internal use only:**  **Relevant financial relationship (check if yes)** | **For internal use only: Mitigation strategy** | |
| Click or tap here to enter text. | | | Employee | Click or tap here to enter text. |  | | |  |  | |
| Click or tap here to enter text. | | | Choose an item. | Click or tap here to enter text. |  | | |  |  | |
| Click or tap here to enter text. | | | Choose an item. | Click or tap here to enter text. |  | | |  |  | |
| Click or tap here to enter text. | | | Choose an item. | Click or tap here to enter text. |  | | |  |  | |
| Click or tap here to enter text. | | | Choose an item. | Click or tap here to enter text. |  | | |  |  | |
| Click or tap here to enter text. | | | Choose an item. | Click or tap here to enter text. |  | | |  |  | |
| Click or tap here to enter text. | | | Choose an item. | Click or tap here to enter text. |  | | |  |  | |
| Click or tap here to enter text. | | | Choose an item. | Click or tap here to enter text. |  | | |  |  | |
|  | | | | |  |  |  |  | |
|  | **I attest that clinical recommendations will be evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to**  **evidence-based practice guidelines).** | | | | | | | |
|  | **I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.** | | | | | | | |

**SIGNATURE OF REPORTING INDIVIDUAL** (e-signature acceptable) **DATE**