



### Faculty Disclosures

**This document is for informational and planning purposes only. Please DO NOT use it as a form for submitting information. Disclosures for ALL faculty will be submitted through the 2017 Annual Conference System Speaker Management Portal after submissions are reviewed and accepted.**

#### Disclosure Information:

As an accredited provider of Continuing Medical Education for health professionals, The Institute for Medical Studies (IMS) through a Joint Sponsorship with ACRM is committed to providing balance, independence, objectivity, and scientific rigor in all its educational activities. Accreditation policies require everyone with the potential to influence the content of an educational activity to disclose all significant financial interests or other relationships with commercial interests for a period of one (1) calendar year prior to the start of the educational activity. This includes members of the immediate family. A "commercial interest" is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. "Significant financial interest" or other relationship can include such things as grants or research support, employee, consultant, major stockholder, member of speaker's bureau, etc. Relevant non-financial relationships are those relationships that might bias an individual including any personal, professional, political, institutional, religious or other relationship. May also include personal interest or cultural bias.

#### Transparency:

According to the American Speech-Language-Hearing Association, all presenters must disclose financial and non-financial relationships for themselves or their families. Financial includes any compensation from an organization with an interest in the topic and includes the organization you work for if you receive a salary. Nonfinancial includes any group, board, committee, association that you serve and is in any way related to or has an interest in the field of rehabilitation medicine.

#### Financial Disclosure Statement:

Includes place(s) of employment, grants, type of affiliation/financial interest (e.g., employee, speaker, consultant, principal investigator, grant recipient and enter name of the commercial interest.

#### Examples:

John Doe is the Director of Business Development at Acme Rehabilitation Hospital and receives a salary.

**Please enter your Financial Disclosure Statement in the location provided within the abstract management system.**

#### Non-Financial Disclosure Statement:

List any organization you serve/volunteer that has an interest in the field of rehabilitation medicine and do not receive compensation.

*Examples:*

- John Doe has no relevant nonfinancial relationships to disclose.
- Jane Doe serves on the (board of directors, committeees, etc.) of the (organization) and receives no compensation as a member of the board of directors.

**Please enter your Non-Financial Disclosure Statement in the location provided within the abstract management system.**

**Unlabeled and Unapproved Uses:**

Presentations that 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 investigational nature of their proposed uses to the audience. Speakers must disclose their intent to discuss non-FDA approved uses for commercial products and/or devices.

NOTE: Unlabeled and Unapproved uses must be disclosed to learners before the start of your presentation

- Yes, I intend to reference unlabeled/unapproved uses of drugs or products in my presentation and I agree to disclose this information to the audience as required by accreditation guidelines.
- No, I do not intend to reference unlabeled/unapproved uses of drugs or products in my presentation.

**(You will be able to select your intention in the space specified within the abstract management system.)**

**HIPAA Requirements:**

To comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all program planners and instructional personnel insure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient's/client's knowledge and written authorization.

**Please indicate your agreement by providing your initials in the space specified within the abstract management system**