FACULTY DISCLOSURE DECLARATION

It is the policy of the Connecticut Academy of Physician Assistants (ConnAPA) to insure balance, independence, objectivity and scientific rigor in all its individually sponsored or jointly sponsored educational programs. All faculty participating in any ConnAPA sponsored programs are expected to disclose to the program audience *any* real or apparent conflict(s) of interest that may have a *direct bearing on the subject matter* of the continuing educational program. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic.

The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of the facts. The audience must determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented.

Lecture Title	
Presenter	

I have no actual or potential conflict of interest in relation to this program or presentation.

_____   _____   _____

Printed Name   Signature   Date

Social Security or TAX ID number (**essential for preparation of 1099)

OR

I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of this presentation.

Affiliation/Financial Interest   Name of Organization

Grant/Research Support   _____

Consultant   _____

Speaker's Bureau   _____

Major Stock Shareholder   _____

Other Financial or Material Support   _____

_____   _____   _____

Signature   Date   Social Security or Tax ID Number