

**American Academy of Psychodynamic Psychiatry and Psychoanalysis  
Continuing Medical Education Disclosure Form  
Abstract Submissions – 2019 Annual Meeting**

**This form must be completed by every presenter and author.**

Name \_\_\_\_\_  
Title of Presentation \_\_\_\_\_  
Name of Primary Author \_\_\_\_\_

In order to comply with the ACCME's Updated Standards for Commercial Support, the American Academy of Psychodynamic Psychiatry and Psychoanalysis (AAPDPP) requires that anyone who is in a position to control the content of an educational activity discloses all relevant financial relationships with any commercial interest (see definitions on reverse) **pertaining to the content of the presentation**. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner, so it will be necessary for you to indicate those as well. Should it be determined that a conflict of interest exists as a result of a financial relationship you have, you will be contacted and methods to resolve the conflict will be discussed with you. **Failure or refusal to disclose a conflict or the inability to resolve an identified conflict will result in the withdrawal of the invitation to participate.**

**I. Declaration (choose either A or B below):**

- A) 1. List the names of proprietary entities producing healthcare goods or services with which you have, or have had, a **relevant** financial relationship within the past 12 months. Do not list support from nonprofit or government organizations or commercial entities that are not healthcare related.  
2. Explain what you received (see definitions on reverse).  
3. Specify your role (see definitions on reverse).

1. Name of Commercial Interest	2. What was received*	3. Your role**
_____	_____	_____
_____	_____	_____

\* \*\* Samples/Definitions on reverse

- B) \_\_\_ I do not have any relevant financial relationships with any commercial interests pertaining to this presentation.

**II. I understand that I may not accept payment, advice or services from any commercial entity regarding my participation in the planning of any AAPDPP educational activity.**

**III. I understand that slides, posters and handouts may not contain any advertising, trade names or product group messages of any commercial entity.**

**Notification:** If your presentation describes the use of a device, product, or drug that is not FDA approved or the off-label use of an approved device, product, or drug, it is your responsibility to disclose this information during your presentation.

Presentations must give a balanced view of therapeutic options. Use of generic names contributes to this impartiality. If the content of your presentation includes trade names, where possible, trade names from several companies should be used.

\_\_\_ I have read and will comply with AAPDPP policy on disclosure of off-label or non-FDA-approved uses and generic pharmaceutical names.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be submitted with abstract. Abstracts submitted without this form will not be considered.**

**Contact information if not primary author:**

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Definitions

\* **What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

\*\* **My Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.

#### **Commercial Interest**

The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on patients, with the exemption of non-profit or government organizations and non-healthcare related companies.

#### **Financial Relationships**

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stock, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

#### **Relevant Financial Relationships**

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

#### **Conflict of Interest**

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.