



Pai	All Speakers and Planning Committee members must complete this form and submit to the NOSM CEPD Office. Disclosure must be made to the audience whether you do or do not have a relationship with a commercial entity such as a pharmaceutical organization, medical device company or a communications firm.							
V	I do not have an affiliation (financial or otherwise) organization. Speakers who have no involvement tify any conflict of interest.							
	I have/had an affiliation (financial or otherwise) wire organization. Complete the section below as it appetite commercial organization(s) with which you have had with the organization. You must disclose this in	olies to yo	ou during ffiliations,	the p and	past two calendar years. Please indicate briefly explain what connection you have/			
			ompany/ ganizatio		Details			
Α	I am a member of an Advisory Board or equivalent with a commercial organization.							
В	I am a member of a Speakers bureau.							
С	I have received payment from a commercial organization. (including gifts or other consideration or 'in kind' compensation)							
D	I have received a grant(s) or an honorarium from a commercial organization.							
Ш	I hold a patent for a product referred to in the CME/ CPD program or that is marketed by a commercial organization.							
F	I hold investments in a pharmaceutical organization, medical devices company or communications firm.							
G	I am currently participating or have participated in a clinical trial within the past two years.							
Par	t 2 Speakers only:							
		Yes	No	1				
Н	I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).		/	You must declare all off-label use to the audience during your presentation.				
I	The RCPSC requires faculty presentations to be c or both generic and trade names during their pre			r use	of either generic names, trade names			
	Check one: Faculty/Speaker Plannir	ıg Comr	nittee M	embe	er ,			
Var	me of PPC/Event: TBMS 2015 Winter	Scha	s/		Date: Feb. 13, 2015			
Ack abo	ne of PPC/Event: TBMS 2015 Winter  knowledgment: I, Dr. Anatoly Shuste  ve information is accurate and I understand that the	is infor	mation v	will b	, acknowledge that the publicly available.			
Sign	nature:	and the second			Date: Fcb. 13, 2015			





Par	1 All Speakers and Planning Committee member Office. Disclosure must be made to the audien commercial entity such as a pharmaceutical or firm.	ce whet	her you	do o	r do not have a relationship with a		
	I <b>do not</b> have an affiliation (financial or otherwise) organization. Speakers who have no involvement v tify any conflict of interest.						
	I have/had an affiliation (financial or otherwise) with organization. Complete the section below as it apply the commercial organization(s) with which you have had with the organization. You must disclose this in	lies to yo e/had aft	ou during filiations,	the pand	oast two calendar years. Please indicate briefly explain what connection you have/		
			ompany/ ganizatio		Details		
Α	I am a member of an Advisory Board or equivalent with a commercial organization.						
В	I am a member of a Speakers bureau.	<del> </del>					
O	I have received payment from a commercial organization. (including gifts or other consideration or 'in kind' compensation)						
D	I have received a grant(s) or an honorarium from a commercial organization.						
E	I hold a patent for a product referred to in the CME/ CPD program or that is marketed by a commercial organization.						
F	I hold investments in a pharmaceutical organization, medical devices company or communications firm.			·			
G	I am currently participating or have participated in a clinical trial within the past two years.						
Part	2 Speakers only:			·			
		Yes	No				
Н	I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).			You must declare all off-label use to the audience during your presentation.			
Ι							
	Check one: Faculty/Speaker Plannin	g Comn	nittee M	embe	er .		
Nan	ne of PPC/Event: TBMS 2015 Winter	Sch∞	<u>/                                     </u>		Date: <i>Feb. 13, 2015</i>		
Ack abo	ne of PPC/Event: TBMS 2015 Winter of nowledgment: I, Dr. Yaasin Abdulves we information is accurate and I understand that the	h <u>mar</u> is infor	L mation	will b	, acknowledge that the publicly available.		
Sign	ature:				Date: <i>Fcb , 13, 2015</i>		
	The state of the s				하는 경우를 하면 하다 하고 그리는 것 같아. 이 모르는 점하다 본 하다		

Please return the completed form to the NOSM CEPD Office





Pa	ort 1 All Speakers and Planning Committee member Office. Disclosure must be made to the audie commercial entity such as a pharmaceutical of firm.	nce wh	ether va	u do or do not have a relati	onehin with a
	do not have an affiliation (financial or otherwise) organization. Speakers who have no involvement tify any conflict of interest.	with a p with ind	oharmad ustry sh	eutical, medical device or cor uld inform the audience that	nmunications they cannot iden-
	I have/had an affiliation (financial or otherwise) wi organization. Complete the section below as it app the commercial organization(s) with which you have had with the organization. You must disclose this in	olies to y ve/had a	ou durir ffiliation	the past two calendar years	Dinana indiant
			Compan ganizati		ls
А	I am a member of an Advisory Board or equivalent with a commercial organization.		J		
В	I am a member of a Speakers bureau.		***************************************		
С	I have received payment from a commercial organization. (including gifts or other consideration or 'in kind' compensation)				
D	I have received a grant(s) or an honorarium from a commercial organization.				
E	I hold a patent for a product referred to in the CME/ CPD program or that is marketed by a commercial organization.				
F	I hold investments in a pharmaceutical organization, medical devices company or communications firm.				
G	I am currently participating or have participated in a clinical trial within the past two years.				
Pari	2 Speakers only:				
		Yes	No	/	
	I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).			You must declare all off-la audience during your pres	sentation.
I	The RCPSC requires faculty presentations to be co or both generic and trade names during their pres	nsisten entatio	t in the	use of either generic nam	es, trade names
	Check one: Faculty/Speaker Planning			mber	
Nam	ne of PPC/Event: TBMS 2015 Winter	Schoe	1	_ Date: Feb · 13, 2	015
Ackı abov	ne of PPC/Event: TBMS 2015 Winter and I understand that the	<u>Sma</u>	w mation	, acknowledg	e that the
		is illioi.			015

Please return the completed form to the NOSM CEPD Office





Pai	1 1 All Speakers and Planning Committee member Office. Disclosure must be made to the audier commercial entity such as a pharmaceutical or firm.	ice whe	ther you	ı do o	r do not have a relationship with a			
V	I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.							
I have/had an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Complete the section below as it applies to you during the past two calendar years. Please indicate the commercial organization(s) with which you have/had affiliations, and briefly explain what connection you have had with the organization. You must disclose this information to your audience.								
			ompany, ganizatio		Details			
Α	I am a member of an Advisory Board or equivalent with a commercial organization.			٠				
В	I am a member of a Speakers bureau.							
С	I have received payment from a commercial organization. (including gifts or other consideration or 'in kind' compensation)							
D	I have received a grant(s) or an honorarium from a commercial organization.	,						
E	I hold a patent for a product referred to in the CME/ CPD program or that is marketed by a commercial organization.							
F	I hold investments in a pharmaceutical organization, medical devices company or communications firm.							
G	I am currently participating or have participated in a clinical trial within the past two years.							
Part	2 Speakers only:							
		Yes	No					
Н	I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).			You must declare all off-label use to the audience during your presentation.				
Ι	I The RCPSC requires faculty presentations to be consistent in their use of either generic names, trade names or both generic and trade names during their presentation.							
Check one: Faculty/Speaker Planning Committee Member								
Name of PPC/Event: TBMS 2015 Winter School Date: Feb. 13, 2015								
Acknowledgment: I, <u>Dr. Harshad Telang</u> , acknowledge that the above information is accurate and I understand that this information will be publicly available.								
Sign	Signature: Date: <u>Feb-13, 2015</u>							

Please return the completed form to the NOSM CEPD Office





Part	All Speakers and Planning Committee members Office. Disclosure must be made to the audience commercial entity such as a pharmaceutical org firm.	ce whetl ganizatio	ner you on, medi	do or do not have a relationship with a ical device company or a communications		
V	I do not have an affiliation (financial or otherwise) worganization. Speakers who have no involvement witify any conflict of interest.	vith a pha rith indus	armaceu try shou	itical, medical device or communications Id inform the audience that they cannot iden-		
	I have/had an affiliation (financial or otherwise) with organization. Complete the section below as it applitude the commercial organization(s) with which you have had with the organization. You must disclose this in	ies to yo e/had affi	u during liations,	the past two calendar years. Please indicate and briefly explain what connection you have/		
			mpany/ anizatior	Details		
Α	I am a member of an Advisory Board or equivalent with a commercial organization.					
В	I am a member of a Speakers bureau.					
С	I have received payment from a commercial organization. (including gifts or other consideration or 'in kind' compensation)					
D	I have received a grant(s) or an honorarium from a commercial organization.					
E	I hold a patent for a product referred to in the CME/ CPD program or that is marketed by a commercial organization.		-			
F	I hold investments in a pharmaceutical organization, medical devices company or communications firm.					
G	I am currently participating or have participated in a clinical trial within the past two years.	yn		ERAS.		
Par	t 2 Speakers only:					
		Yes	No			
Н	I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).			You must declare all off-label use to the audience during your presentation.		
I	The RCPSC requires faculty presentations to be coor both generic and trade names during their pre-	onsisten sentatio	t in thei n.	ir use of either generic names, trade names		
B	Check one: Faculty/Speaker Plannin			ember		
Naı	me of PPC/Event: TBMS 2015 Winfer Sch	hool		Date: Feb-13, 2015		
	knowledgment: I, <u>Dr. Gabe MapeSo</u> ove information is accurate and I understand that th	nis infor	mation	, acknowledge that the will be publicly available.		
Sig	nature:			Date: 12, 2015		





	Office. Disclosure must be made to the audien commercial entity such as a pharmaceutical or firm.				
	I do not have an affiliation (financial or otherwise) organization. Speakers who have no involvement wify any conflict of interest.				
	I have/had an affiliation (financial or otherwise) with organization. Complete the section below as it apple the commercial organization(s) with which you have had with the organization. You must disclose this in	lies to yo e/had af	ou during filiations	the p and l	past two calendar years. Please indicate briefly explain what connection you have
			ompany/ ganizatio		Details
А	I am a member of an Advisory Board or equivalent with a commercial organization.	M			
В	I am a member of a Speakers bureau.	-	hed		
С	I have received payment from a commercial organization. (including gifts or other consideration or 'in kind' compensation)				
D	I have received a grant(s) or an honorarium from a commercial organization.				
E	I hold a patent for a product referred to in the CME/ CPD program or that is marketed by a commercial organization.				
F	I hold investments in a pharmaceutical organization, medical devices company or communications firm.				La Carlo de la Special Alba
G	I am currently participating or have participated in a clinical trial within the past two years.			·	
Par	t 2 Speakers only:				
		Yes	No		
Н	I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).				must declare all off-label use to the ience during your presentation.
I	The RCPSC requires faculty presentations to be co	onsisten	t in the	ir use	of either generic names, trade names
	or both generic and trade names during their pres				
	Check one: Faculty/Speaker Plannin	g Comr	nittee M	embe	
Nar	ne of PPC/Event: TBMS 2015 Winter Scho	<u>ool     </u>			Date: <i>Feb-13, 2015</i>
Ack	nowledgment: I, <u>Dr. Sanjag Azad</u>				, acknowledge that the
ado	ve information is accurate and I understand that th	us infor	ination	WIII D	e publiciy avallable.
Sign	nature:				Date: Feb. 13, 2015

Please return the completed form to the NOSM CEPD O□ ce

Part 1 All Speakers and Planning Committee members must complete this form and submit to the NOSM CEPD