

*Gottesfeld Hohler Memorial Foundation*  
**FINANCIAL DISCLOSURE DECLARATION**

In accordance with ACCME Standards, all faculty and planners participating in a CME activity are expected to disclose to the activity audience if the faculty member or his or her spouse/partner, in the past twelve months, has had any financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation (A commercial interest is defined as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.”). Financial interest or other relationship can include such things as grants or research support, employee, consultant, major stockholder, member of speaker’s bureau, etc. Additionally, if “off-label” or investigative uses of medical products are to be presented, the CME audience must be so informed. In accordance with ACCME requirements, failure to provide disclosure information in a timely manner will result in the disqualification of the potential instructor, course director, planner or manager from this activity.

Title of CME Activity: Gottesfeld Hohler Memorial Foundation Ultrasound course

Date of activity: Nov 29 - Dec 2, 2018

Faculty Name: Lynn L. Simpson, MD  
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1. Will your presentations include discussion of any commercial products or services?

Yes \_\_\_\_\_ No

2. Do you or any members of your immediate family have a financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services you intend to discuss?

Yes \_\_\_\_\_ No

3. If yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).

Name of Company	Role	What was received

4. Will your presentation include discussion of investigative or off-label uses of products?

Yes \_\_\_\_\_ No . (If yes, FDA/ACCME Standards require you to inform the audience of this during your presentation).

By signing this form, I agree to the following concerning my CME presentation and/or planning of this program:

1. All recommendations involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
2. The content or format of my presentation/CME activity and related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. If applicable, generic names and trade names from several companies will be used where available. In short, I will insure balance, independence, objectivity and scientific rigor in my participation of this CME activity and my presentation (and/or planning of this activity) will be evidenced-based and free of commercial bias.
3. Any declared financial relationships/affiliations with a commercial interest will not bias or otherwise influence my involvement in the educational activity.
4. That practice recommendations given relevant to the companies with whom I have relationships/affiliations will be supported by the best available evidence or, absent evidence, will be consistent with generally accepted medical practice.
5. I have disclosed to all relevant financial relationships.
6. I have not and will not accept any payments or reimbursements from any commercial interest for presenting CME content at this activity.



11.10.20

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Signature

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Date

In keeping with the ACCME's expectations for our practice of continuing medical education please be advised of the following:

1. CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If your CME educational material or content includes trade names, trade names from several companies should be used where available, not just trade names from a single company.
2. Educational materials that are a part of this activity such as slides, abstracts and handouts can not contain any advertising, trade names or product-group messages.

## Glossary of Terms

### Commercial Interest

The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care 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. stocks, 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.

## Additional important information:

I give permission for the Gottesfeld-Hohler Memorial Foundation to record my talk and post on its website. All rights to the material and images remain with me as the speaker.

**I have checked all images or other content of my presentation and syllabus and confirm that there are no potential HIPAA violations in any component of the talk or syllabus. I have removed all patient identifiers from my talk and syllabus in a HIPAA-compliant manner.**



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Signature

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Date