

American College of Clinical Pharmacy

Disclosure of Potential Conflict of Interest



All programming in which ACCP is any way involved, whether as sole provider or cosponsor, shall exhibit fair content balance, providing the audience with information of multiple perspectives from which to form a professional opinion. In addition, the fair balance will assure that information provided does not discuss any single commercial product. Brand names of all products included in the content may be mentioned for identification purposes only.

Planners/Presenters/Reviewers in any educational services offering will acknowledge and disclose any affiliation with the provider and such information will be made available to the audience. The disclosure forms for all presenters will be kept on file; in the event of future presentation, the contributor will be asked to review and update the disclosure statement.

The intent of this disclosure is to allow a planner/presenter/reviewer to make known any significant financial or other relationship they or their partner/spouse may have in advance of the presentation to the American College of Clinical Pharmacy (ACCP) and/or to the audience so that ACCP and session attendees may form their own judgments about the presentation.

I understand that I have been asked to participate as a planner/presenter/reviewer in an educational symposium of ACCP. All program content has been developed and coordinated by ACCP members and staff. The following information is being provided to identify any potential conflicts of interest that may exist. Any identified relationships which I may have with any external organization will be disclosed to symposium attendees on the second slide of presentation and/or be distributed at the meeting.

Name of Speaker/Planning Committee Member/Reviewer: Jimmi Hatton Kolpek _____

Please indicate any disclosures for your presentation below.

X I/my spouse or partner have no actual or potential conflict of interest in relation to this presentation or program.

I/my spouse or partner have a current, recent, or pending (within the last 12 months and the known future) financial interest or affiliation with one or more organizations that could be perceived as real or apparent conflict of interest in the context of the subject of this presentation. I have indicated the company names and the nature of my relationships below (i.e., shareholder, speaker's bureau, research support, etc.).

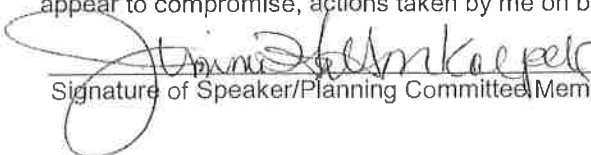
<u>Financial Interest</u>	<u>Name of Organization</u>
<input type="checkbox"/> Employee of company	_____
<input type="checkbox"/> Consultant/member of advisory board	_____
<input type="checkbox"/> Clinical investigator	_____
<input type="checkbox"/> Speaker's bureau	_____
<input type="checkbox"/> Major stock holder	_____
<input type="checkbox"/> Received grant funding/research support	_____
<input type="checkbox"/> Received assistance to attend this meeting	_____
(specify): _____	
<input type="checkbox"/> Other: _____	_____

Title of Session: Creating a Successful Original Research Abstract _____

Title of Presentation: Creating a Successful Original Research Abstract _____

Date/Time of Presentation May 21 2019 @ 2pm CST _____

My signature below indicates that I have fully disclosed all potential conflicts of interest which might compromise, or appear to compromise, actions taken by me on behalf of the American College of Clinical Pharmacy.


 Signature of Speaker/Planning Committee Member/Reviewer

4-30-19 _____
 Date