

American College of Allergy, Asthma and Immunology
85 W. Algonquin Road
Suite 550
Arlington Heights, IL 60005

SUBJ: Disclosure of Faculty Interests or Affiliations
for CME (Society Name)

Dear Doctor:

Thank you for participating as a faculty member for the upcoming CME program. As you may know, the Accreditation Council for Continuing Medical Education (ACCME) requires that all CME faculty members submit a “Disclosure of Interest” report. The disclosure issue concerns the relationships between CME providers, faculty, and commercial entities providing support for CME.

The American College of Allergy, Asthma and Immunology has adopted the ACCME’s *Standards for Commercial Support of CME* . The disclosure requirement relates to any financial interest, affiliation, or arrangement, including sponsorships, grant/research support, honoraria, being a member of a speaker’s bureau, consultant, major stock shareholder, and other potentially biasing factors in the subject matter at hand. Please complete and return the disclosure statement on the reverse side of this letter. Completion of the disclosure statement is required for granting this CME event Category 1 credit, and will be kept on file at the ACAAI office and specific disclosures will be communicated to the audience.

The policy is not intended to prevent faculty members who do have an affiliation or financial interest with a commercial entity to present at our CME activities, or that something is wrong or improper. Rather, we are obligated to inform or disclose to our participants at the meeting that such an affiliation or financial relationship exists so that our participants may form their own judgments about the presentation with the open and full disclosure of facts. This will be conducted in a respectful, appropriate and considerate way at the meeting.

Please feel free to call us at (847) 427-1200 if you have any questions related to this matter.

Thank you for your cooperation.

(over)

DISCLOSURE OF FACULTY INTERESTS OR AFFILIATIONS

If any of your presentations include the discussion or demonstration of a medical device or pharmaceutical agent that is not approved by the FDA and/or a medical or surgical procedure that is investigational in nature or involves an unapproved or “off-label” use of an approved medical device or pharmaceutical agent, this must be disclosed to the audience at the time of your presentation.

All the recommendations involving clinical medicine (recommendation on clinical/patient care) in a CME activity must 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.

Having an affiliation or arrangement with, or financial interest in any corporate organization does not exclude persons from being a faculty member at ACAAI’s CME presentations. However, the faculty member’s relationship must be made known to the audience prior to the presentation, in order that they may form their own judgments about the presentation. This policy is in accordance with the standards required by the Accreditation Council for Continuing Medical Education (ACCME).

Please check only one:

I **We** do not intend to discuss an unapproved/investigative use of a commercial product/device.

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Please check only one:

I do not have any financial relationship, affiliation, or arrangement with any corporate sponsors or commercial entities providing financial support, educational grants, honoraria, research support, or my involvement as a consultant, speaker’s bureau member, major stock shareholder, or whose products are prominently featured either in my specific presentation or with groups who provide general financial support in this CME program.

Over the **last 12 months, I have** a major financial interest, affiliation, or arrangement with one or more corporate organizations that may offer financial support, educational grants, honoraria, research support, my involvement as a consultant, speaker’s bureau member, major stock shareholder, or whose products are prominently featured either in my specific presentation or with groups who provide general financial support for this CME program as follows:

Affiliation/Financial Interest (last 12 months only)
(Check all that apply)

Name of Corporate Organization(s)

<input type="checkbox"/> Consultant	_____
<input type="checkbox"/> Grant/Research Support	_____
<input type="checkbox"/> Speaker’s Bureau	_____
<input type="checkbox"/> Stockholder	_____
<input type="checkbox"/> Other (be specific; e.g., employee, patent holder, Board member, etc.)	_____

(Name: Print or Type)

(Signature)

(Date)

Thank you for your cooperation in complying with these standards.

Effective March 1, 2009, the editorial office will no longer accept faxed disclosure forms. As a result, a completed disclosure form for each author must be uploaded at the time of submission. These items can be uploaded as either individual submission items or as a single submission item.