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| **Co-Presenter Bio and Disclosure Form** | | | | | | | |
| All disclosures that are determined by the ACHA/NECHA Program Planning Committee to be relevant relationships will be shared with the participants/learners in meeting materials and prior to the start of the educational activity.  \* See [**ACHA General Policies for Presenters**](http://www.acha.org/app_themes/AM19/documents/General_Policies_Presenters_2019.pdf) | | | | | | | |
| **\* TITLE OF THE PROGRAM:**  (match title on Program Submission Worksheet) | | | | | | | |
| **\* Name of Primary Presenter:** | | | | | | | |
| **\* Name of Co-Presenter:** | |  | | | | | |
| **\* Degree:** List your completed academic degree(s), institution where the degree was earned, and major or specialty area. *(e.g., PhD, ABC University, clinical psychology)* | | **Degree** | **Institution** | | **Major or Specialty Area** | | |
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| **\* List any current certifications** *(e.g., CHES, APN, LPC)* | |  | | | | | |
| **\* Institution/Employer:** | |  | | | \* **Address** | | |
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| **\* Job Title:** | |  | | | \* **City/State/Zip Code** | | |
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| **\* E-mail Address:** | |  | | | \* **Telephone** | | |
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| **\* Publications:** List your publications that are most relevant to the proposed topic(up to 10). | |  | | | | | |
| Biographical Qualification Statement: Bio statement must state content expertise. Please submit your biographical qualification statement below. Also include any relevant academic appointments, involvement in professional organizations, and/or awards/honors received. Limit 75 words.  *Example:* I have been the principal or co-principal of multiple federally funded grants focusing on the epidemiology of drug abuse, HIV prevention and co-occurring mental and drug use disorders. Among my scientific interests has been the development of strategies for preventing HIV and STDs in out-of-treatment drug users.  \* I am qualified to give this specific presentation because… | | | | | | | |
| **Co-Presenter Conflict of Interest (COI) Disclosure**  ACHA/NECHA is obligated to the organizations that grant us CE accreditation/approval to ensure that all educational activities are developed and presented with independence, objectivity, and scientific rigor. It is our responsibility to ensure that they are free from promotion of specific goods or services, and that they are free from actual or potential bias.  All faculty/presenters/authors are required to disclose any and all potential conflict(s) of interest for themselves and/or their spouse/partner (owner or sole proprietor, speakers’ bureau, grant/research support, major stock shareholder, employee/paid consultant, etc.). All disclosures that are determined by the Program Coordinator to be relevant relationships will be shared with the participants/learners in meeting materials and prior to the start of an educational activity.   |  |  |  | | --- | --- | --- | | **\*** |  | **I have read, fully understand, and agree to adhere to the** [**Conflict of Interest Disclosure Guidelines**](http://www.acha.org/ACHA/General/COI_Guidelines.aspx)**.** | | | | | | | | |
| **Required Disclosure:** During the past 12 months have you, or your spouse or partner, had a financial, professional, or personal relationship (including self-employment and sole proprietorship) **with a commercial interest** (as defined in the [Conflict of Interest Disclosure Guidelines](http://www.acha.org/ACHA/General/COI_Guidelines.aspx)).     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes, myself |  | Yes, my spouse/partner |  | No |   **\*** **If yes, list the full company name and the specific relationship:** | | | | | | | |
| **Name of Commercial Company** | | | | **Relationship** | | | |
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| **Content Related to Company**  Will your presentation contain information about healthcare products or services of the commercial interests you identified above? | | | | \_\_\_ Yes (the planning committee will contact you regarding your conflict of interest)  \_\_\_ No  \_\_\_ N/A, no commercial interest identified above | | | |
| **Off-Label Use of Drugs**  Will your presentation include discussion of off-label experimental, and/or investigational use of drugs, devices, medical procedures, or interventions? | | | | \_\_\_ Yes  \_\_\_ No  If yes, please list drugs, devices, and/or procedures to be discussed: | | | |
| **Electronic Signature:** By typing my name below, I am providing my electronic signature indicating that all the information entered in this Program Submission Form is accurate. I further attest that I will not promote any products, goods, or services, or bias the educational activity in any manner. | | | | | | | |
| **\* Signature** |  | | | | | **\* Date** |  |

(Electronic/typed signatures are acceptable.)