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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/planners are required to disclose all financial relationships with any ineligible companies (defined below) that you have had over the past 24 months, regardless of the amount and regardless of whether you view the financial relationships as relevant to the education. The Program Coordinator will identify and mitigate, as appropriate, any relevant relationships and these will be disclosed to the participants/learners in meeting materials and prior to the start of an educational activity.  **Please note:** the identification of financial relationships with ineligible companies does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this 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 24 months have you had a financial, professional, or personal relationship (including self-employment and sole proprietorship) with a company(as defined below).  **\*** ☐ Yes ☐ No **If yes, list the full company name and the specific relationship below.** | | | |

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| **Enter Name of Ineligible Company** *The ACCME defines an ineligible company as any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Additional entities that are considered by ACHA to be ineligible companies include for-profit entities that develop, produce, market, or distribute products and services that promote wellness, and that provide administrative products and/or services used in student health.* | | **Enter the Nature of Financial Relationship** *Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.* | | | | **Has the Relationship Ended?** *If the relationship existed during the last 24 months, but has now ended, please check the box.* |
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| **Content Related to Company**  Will your presentation contain information about healthcare products or services of the organization(s) you identified above? | | | \_\_\_ Yes (the planning committee will contact you regarding your conflict of interest)  \_\_\_ No  \_\_\_ N/A, no companies 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.)