

# CE Policy and Disclosure Form

**Due Upon Receipt**

It is the policy of Baystate Health Continuing Interprofessional Education (BCIPE) to require disclosure of all financial relationships (receiving any benefits as royalty, intellectual property rights, consulting fees, speaker fees, board membership, honoraria, ownership interest such as stocks, stock options excluding diversified mutual funds) with a commercial interest (any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients) held by all individuals, including their spouse or partner, who is in a position to control any aspect of a continuing education activity. BCIPE will resolve all conflicts in advance of the presentation.

<b>Please indicate your role in this CE activity:</b> (Check all that apply)	<input type="checkbox"/> <b>Presenter / Author</b> <input type="checkbox"/> <b>Moderator</b> <input type="checkbox"/> <b>Planner</b> <input type="checkbox"/> <b>Content Reviewer</b>
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**Credentials and Contact Information**  
 (Your faculty and clinical affiliations will appear in the course syllabus and publicity AS LISTED BELOW)

Name: Lauren Westafer	→ EN _____ PN _____ or ** CE ID # _____
Degree/Credentials: DO, MPH, MS	**CE ID number: <u>First letter of FIRST name, Month and Day of birth, Last four digits of social security number</u>
Faculty Appointment: Assistant Professor	Professional Role: Emergency Physician
Faculty Affiliation: UMMS-Baystate	Clinical Affiliation: Emergency Medicine
WORK Address: 759 Chestnut St City, State, Zip: Springfield MA 01199	Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Phone: 8505495124     Fax: _____	I am a member of an Underrepresented Minority: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: lauren.westafer@baystatehealth.org	IRS Form W-9 required if receiving an honorarium

**Disclosure of Relevant Financial Relationships**

**Please check on behalf of yourself, spouse and/or partner, sign and date at bottom of page.**

- In the past 12 months, we (spouse/partner/self) have/had NO financial relationships (receiving any benefits as royalty, intellectual property rights, consulting fees, speaker fees, board membership, honoraria, ownership interest such as, stocks, stock options excluding diversified mutual funds) with any commercial interest (any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients).
- In the past 12 months, we (spouse/partner/self) have/had financial relationship(s) with commercial interest(s) listed below:

Type of Financial Relationship	Company Name(s)	Relationship Status <u>Self</u>		Relationship Status <u>Spouse/Partner</u>	
		Ended	Current	Ended	Current
Consultant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker's Bureau - Baystate Health follows the principles in <i>FDA Guidance for Industry-Supported Scientific and Educational Activities (1997)</i> and defines a <u>Speakers' Bureau</u> to mean presenters engaged by pharmaceutical, biotechnical, or medical device company to convey information about the company's product where the company controls the content of the presentation, such as approving the content and materials or defining the scope of the discussion. According to FDA Guidance, this type of presentation is a promotional activity and not an educational offering.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant/Research Support (whether received directly or through a grant managed by an institution)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, e.g., royalty, honoraria, employee, (describe)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I have reviewed the disclosure policy at the top of this page and in signing have agreed to adhere to its content. I have disclosed to the Baystate Continuing Interprofessional Education (BCIPE) all financial relationship.**

**If there are any changes to my disclosure information in the year from the date signed, I will inform BCIPE.**

→ Signature: \_\_\_\_\_

Date: 2/28/21

Course Title: COPD Collaborative

Course Date: April 1st 2021

Faculty Name: \_\_\_\_\_

Presentation Title(s): Triage, Treatment and Discharge: Care of the Hospitalized Patient with COVID-19

### **Disclosure of Off-Label and/or Investigational Uses**

If at any time during my educational activity I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.

**No, I do not intend to discuss an off-label/investigative use of a commercial product/device.**

**Yes, I do intend** to discuss off-label/investigative uses(s) of the following commercial product(s)/device(s).  
(Provide information in the space below.)

### **Faculty Attestation**

**My signature below indicates my agreement to comply with the following statements with respect to the content and visual components of my presentation.**

**I will promote high quality healthcare through a well-balanced, evidence-based presentation that is free of commercial influence by ensuring that:**

- all content, including research, therapeutic options discussed, and any recommendations that may affect patient care will be based on the best available clinical and scientific evidence obtained from peer-reviewed sources.
- the presentation is free from commercial bias and does not promote any commercial interest
- only generic names will be used when discussing health care products or services

**I will provide my presentation to Baystate prior to the scheduled event to allow for peer review**

**I will not accept honoraria, additional payments or reimbursements of any kind from any source except that which has been agreed upon directly with Baystate Health**

→ Signature: 

Date: 2/28/21