

**Name of Abstract Presentation:**

**Name of Abstract Author:**

**Activity Title:** Cardiovascular Disease Prevention – 13<sup>th</sup> Annual International Symposium

**Date:** February 19-22, 2015

Baptist Health South Florida requires that conference content, faculty presentations, discussions and educational materials comply with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education and the ACCME's Policy on Content Validation.

**Please INITIAL ALL of the following statements indicating that your presentations and/or discussions related to the activity listed above will be provided in accordance with these requirements.**

\_\_\_\_\_ My presentation/discussion: (*check one*) \_\_\_\_\_ **DOES** \_\_\_\_\_ **DOES NOT** include discussion of an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose. I agree to disclose to the audience if my presentation/discussion includes any discussion of a product not labeled by the FDA for the use under discussion or that is still investigational.

\_\_\_\_\_ My presentation/discussion is free of commercial bias for or against any product. If my presentation/discussion includes information concerning commercial products, objective information about those products will be presented based on scientific methods generally accepted in the medical community.

\_\_\_\_\_ The execution, content or planning of my presentation/discussion has not and will not in any way be controlled by commercial interests.

\_\_\_\_\_ Educational materials, by their content or format, shall not advance the specific proprietary of a commercial interest.

\_\_\_\_\_ The content of my presentation/discussion is scientifically accurate and includes the most recent evidence based data available. I agree to cite references on presentation materials.

\_\_\_\_\_ A balanced view of therapeutic options will be given. **Generic names will be used to contribute to impartiality.** If trade names are used, those of several companies will be used rather than only those of a single company.

\_\_\_\_\_ My presentation will cover limitations of the content being taught and the most common risks.

\_\_\_\_\_ My presentation will not include patient names or identifiers.

\_\_\_\_\_ I understand that the ACCME requires that the provider, Baptist Health, disclose any financial relationships the provider has with products or devices discussed in the presentation.

- To the best of my knowledge, my lecture/discussion (*check one*) \_\_\_\_\_ **DOES** \_\_\_\_\_ **DOES NOT** include discussion of any products or devices for which funding, other than that received for this CME conference, was received by Baptist Health or its affiliates. This includes but is not limited to research grants for trials.
- If funding was received, to my knowledge, does Baptist Health have any proprietary interest in the product or device? (*check one*)  **HAS**  **DOES NOT HAVE**

\_\_\_\_\_ The content of my abstract presentation, discussion and/or materials will comply with **ACCME's Policy on Content Validation**, which requires that:

1. All the recommendations involving clinical medicine 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.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

**I attest that the information provided above is true and correct and that I have reviewed and understand presentation guidelines.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Updated October 2014



**Thank you!**