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In past 24 months, I have not had any financial relationships with any ineligible companies.

Please Sign and Date:

/ Date:

Revised 10/10; 6/11; 3/12; 4/14; 8/15; 5/21; 1/24

FOR OCME USE ONLY:

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Attestation:

1. I understand that I am required to disclose any relevant financial relationships to the audience at the beginning of my presentation, both by projection and verbally.
2. I agree to provide learning objectives by projection at the beginning of my presentation.
3. If presenting specific patient cases or case histories, I warrant that I have HIPAA compliant authorization for any Protected Health Information in the presentation materials or have de-identified all materials.
4. I agree that will not accept any honoraria, additional payments, or reimbursement beyond that which has been agreed upon specifically with the Emory School of Medicine or its designee.
5. I agree that the content of my presentation will be therapeutically well-balanced, evidence-based, non-biased and any recommendations involving clinical medicine will 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.
6. All scientific research referred to, reported, or used in my presentation in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis and will not promote any commercial interest.
7. If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available and not just names from any single company.
8. I understand that if I fail to give a balanced and objective presentation, as determined by the audience and/or CME planning committee, I will either
 - a. Be required to submit the content (slides, etc.) of any future educational presentations to the Emory CME Planning Committee before the presentation may be approved, or
 - b. Be prohibited from presenting educational sessions at future Emory CME programs.
9. I verify that prior to the presentation, I have requested and/or obtained permission from copyright holder(s) to reproduce/copy, from their work, the portions of my presentation that are protected by copyright laws. I acknowledge that Emory University School of Medicine will not be held legally responsible for any misrepresentation on my part regarding copyright infringement.

Signed:

Date: [Click or tap here to enter text.](#)