

ACNP Conflict of Interest Disclosure Statement

Name:

Email:

I certify that all my (and my immediate family's) affiliations with or financial relationships (e.g., employment, consultancies, honoraria, equity ownership or stock options, grants, contracts, patents, received or pending, or royalties) with any organization or entity defined as a commercial interest are disclosed completely here. For purposes of disclosure, financial involvement is defined as any income source having occurred within the last 12 months.

After having read the definitions above, in the past 12 months, have you or your spouse/partner had a financial relationship with any commercial interest?

No, _____ (Initial Here) I have no relevant financial interests to disclose.

Yes – Please enter the name of the commercial interest and the nature of the relationship (s)

<i>Commercial Interest</i>	<i>Relationship Type</i>	<i>Self/Spouse</i>

FOR THOSE INDIVIDUALS NOT INVOLVED IN ANNUAL MEETING PROGRAM PLANNING, PLEASE GO TO THE BOTTOM OF THE DOCUMENT TO SIGN AND COMPLETE THE DISCLOSURE. FOR THOSE PARTICIPATING ON THE PROGRAM COMMITTEE, PLEASE COMPLETE THE BELOW QUESTIONS.

Statement 1

I will not accept payments or reimbursements from a commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) for my role in the planning and delivery of this CME activity. If I am approached by a commercial interest in this regard, I will immediately notify ACNP.

___ I Agree

Statement 2

All 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. 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. If I am a presenter, my presentation will meet these standards, and if I'm a planner, I will not approve any content that does not meet these standards. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet these standards.

I Agree

Statement 3

CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. CME educational material or content that includes trade names should include trade names from several companies where available, not just trade names from a single company. If I am a presenter, my presentation will meet this standard, and if I'm a planner, I will not approve any content that does not meet this standard. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet this standard.

I Agree

Statement 4

Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages, or commercial interest logos. If I am a presenter, my presentation will meet this standard, and if I'm a planner, I will not approve any content that does not meet this standard. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet this standard.

I Agree

Statement 5

The content of the CME activity must not promote the proprietary interest of any commercial interest. If I am a presenter, my presentation will meet this standard, and if I'm a planner, I will not approve any content that does not meet this standard. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet this standard.

I Agree

Statement 6

The content of the CME activity must not be influenced by any commercial interest. If I am a presenter, my presentation will meet this standard, and if I'm a planner, I will not approve any content that does not meet this standard.

I Agree

Statement 7

If I am an abstract reviewer, I will not score any abstracts of which I am an author, collaborator, have a personal relationship, or which I know to be from my institution. If I or my spouse/domestic partner has a financial relationship with a company engaged in producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients and whose products or services are the subject of an abstract I am reviewing, I will refrain from scoring that abstract. Additionally, I will base my recommendations for content selection solely on the mean score when I or my spouse/domestic partner have a financial relationship with a company engaged in producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients and whose products or services are the subject of an abstract I am selecting.

I Agree

Statement 8 – ONLY ANSWER IF AN EMPLOYEE OF A COMMERCIAL INTEREST

Because you are an employee, founder, or corporate board member of a commercial interest, ACNP requires additional questions.

Is your employer producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients?

Yes

No

Is your employer a provider of clinical service directly to patients?

Yes

No

Is the content related to products or business lines of your employer?

Yes

No

Click the signature box below and choose an existing digital ID if you have one. If not, follow the prompts to create a new digital ID.

Signature _____ Date _____