

**Johns Hopkins Division of Endocrinology and Metabolism  
Endocrine Grand Rounds Presenter Information Form**

- Please fill in the information below and return this form with a copy of your CV to

Contact

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Presenter

Name \_\_\_\_\_

Title(s) \_\_\_\_\_

Degree(s) \_\_\_\_\_

SSN \_\_\_\_\_

Institution \_\_\_\_\_

Division \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Special Requirements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CME Information

Presentation Date \_\_\_\_\_

Presentation Title \_\_\_\_\_

Learning Objectives \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty Host \_\_\_\_\_

Sponsor \_\_\_\_\_

Technical Requirements

LCD Projector\*

Computer

Laser Pointer

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*We encourage presenters to format their presentations as PowerPoint slide shows

Hotel and Travel Arrangements

- Please contact our office at (410) 955-3663 for hotel recommendations
- Travel arrangements should be handled by the presenter's office

Fax completed form to Vicky Norton at (410) 955-3916

**JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE**  
**Disclosure of Relationships for**  
**Faculty and Authors**  
**Identifying and Resolving Conflicts of Interest in Continuing Medical Education**  
 Course #: \_\_\_\_\_

TITLE OF CME ACTIVITY: \_\_\_\_\_ ACTIVITY DATE: \_\_\_\_\_

SPEAKER'S NAME: \_\_\_\_\_  
 (PLEASE PRINT OR TYPE)

1. PRESENTATION TITLE: \_\_\_\_\_
2. PRESENTATION TITLE: \_\_\_\_\_
3. PRESENTATION TITLE: \_\_\_\_\_
4. PRESENTATION TITLE: \_\_\_\_\_
5. PRESENTATION TITLE: \_\_\_\_\_

As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), Johns Hopkins University School of Medicine Office of Continuing Medical Education (OCME) requires written, signed disclosure of the existence of relevant financial interests or relationships with commercial interest from any individual in a position to control the content of a CME activity accredited by OCME. Individuals who refuse to disclose relevant financial relationships will be disqualified from all aspects of associated CME activities.

- “Relevant” financial interests or relationships are defined as receipt of funds by the individual (and his/her spouse, partner or immediate family) in any amount over the past 12 months directly from a commercial interest whose products or services are discussed in or pertain to the content of your specific lecture or contribution to this activity . For purposes of OCME identification and resolution of conflicts of interests, disclosure of “relevant” financial interests or relationships will be further delineated as “past” (any interests or relationships in the 12 months prior to the last 12 months) and “current” (any interests or relationships in place and/or active at the time of the individual’s involvement in the CME activity or in place during the last 12 months) and will be requested from individuals on the Financial Disclosure form.
- “Commercial interests” are defined as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations or non-health care related companies.

I have no “relevant” financial interest or relationships from a commercial interest whose products or services are discussed in or pertain to the content of this educational activity. (If you checked this box, skip to Section C)

**A. Past Relationship**

Did you or your spouse/partner or immediate family member have any relevant financial relationships with a commercial interest over the “past” 12 months (any interests or relationships in the 12 months prior to the last 12 months)? YES NO

If yes, and your involvement in the planning or participation of this activity consist of any products or services of that commercial interest, please specify below:

(NOTE: There is no need to disclose the actual financial value of any affiliation.)

Relevant Financial Relationship	Commercial Interest/Organization	Use presentation numbers above to specify relevant lectures:
Grants/Research Support	_____	_____
Consultant	_____	_____
Stock Shareholder (directly purchased)	_____	_____
Honorarium	_____	_____
Other Financial or Material Support	_____	_____

**B. Current Relationship**

Do you or your spouse/partner or immediate family member have any "current" financial interest (any interest or relationship in place and/or active at the time of the individual's involvement in the CME activity or in place during the last 12 months)?

YES                      NO

If yes, and your involvement in the planning or participation of this activity consist of any products or services of that commercial interest, please specify below:

(NOTE: There is no need to disclose the actual financial value of any affiliation.)

Relevant Financial Relationship	Commercial Interest/Organization	Please record the lecture(s) # below:
Grants/Research Support	_____	_____
Consultant	_____	_____
Stock Shareholder (directly purchased)	_____	_____
Honorarium	_____	_____
Other Financial or Material Support	_____	_____

**Non-FDA Approved Uses**

C. Do you intend to reference unlabeled/unapproved uses of drugs or products in your presentation?

YES                      NO

If yes, specify product by name for which unlabeled use will be discussed: \_\_\_\_\_  
\_\_\_\_\_

Content Validation: My recommendations involving clinical medicine in this CME activity 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. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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FOR CME OFFICE USE -- Conflict of Interest identified and resolved by the following: _____	
_____	
CME Staff signature: _____	Date: _____