

Houston Methodist Hospital Continuing Pharmacy Education Faculty Form

Disclosure of Commercial Support

In order for any faculty/speaker to present or produce a Continuing Pharmacy Education (CPE) activity within the Houston Methodist Hospital system, Houston, Texas and surrounding cities, you must disclose any commercial support received for the CPE activity.

Commercial Support Received From: _____

Company _____

Division/Department _____

Address _____

Phone Number _____

Amount _____

Stipulations to Fulfill with this Support _____

____ I agree to disclose this information on an acknowledgement in the program announcement, syllabus or handouts and/or during introduction at the program.

____ No commercial support has been received for the CPE program entitled

Faculty Disclosure of Information

In order for any faculty/speaker to present or produce a Continuing Pharmacy Education (CPE) activity within the Houston Methodist Hospital system, Houston, Texas and surrounding cities, you must agree to the following actions and disclosure of information:

- ____ To avoid promotional activities or materials as an integral part of the program or in any manner which interferes with or interrupts the educational activity. This includes any material with a pharmaceutical

company's logo or name or name of a product listed as an advertisement.

- ___ To disclose any significant relationship or affiliation involving ANY funding organizations. This should be listed on the cover of any handouts or informational material provided and in the slides of the presentation.
- ___ To disclose information that is considered an off-label use of a drug, product, or device. This designation must be listed adjacent to or near the information in handouts or informational materials and must be announced when presenting the information.
- ___ To disclose limitation of information, including but not limited to:
 - Data that represents ongoing research, interim analysis, preliminary data or unsupported opinion
 - Opinions or approaches to care that, while supported by some research studies, do not represent the only opinion or approach to care supported by research.

Faculty Agreement

In order for any faculty/speaker to present or produce a Continuing Pharmacy Education (CPE) activity within the Houston Methodist Hospital system, Houston, Texas and surrounding cities, you agree to the following:

1. Read the HMH CPE policies (Policies G.1.19, G.1.21, G.1.24, G.1.26, G.1.27) available at www.methodistpharmacy.org and agree to comply with them. If any questions regarding these policies or any procedures arise, I will contact the Continuing Pharmacy Education Board (CPEB) Chair- Julie Won for further clarification.
2. Agree to make changes or revisions on program content/activities in accordance with ACPE standards to ensure balance, independence, objectivity, scientific rigor and full disclosure of agreed upon information.
3. In preparation for presenting the CPE activity, I will turn in all program materials including but not limited to: program learning objectives, slides or comprehensive outline, learning assessment questions, handouts and any other informational material, and other pertinent materials to the CPEB chair on the agreed upon timelines.

Printed Name

Signature

Date