

Connecticut Dermatology and Dermatologic Surgery Society
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Faculty Financial Disclosure of Commercial Support Form

Faculty participating in a continuing education activity approved for AMA PRA Category 1 Credit are expected to disclose to the activity participants, any real or possible conflicts of interest that may relate directly to the subject matter of the continuing education activity. This concerns relationships with pharmaceutical companies, manufacturers of biomedical devices or other companies whose products or services are related to the topic of the presentation.

Disclosure of this information does not necessarily prevent a speaker with a potential conflict of interest from making his/her presentation. It does provide for the identification of potential conflict, allowing participants to make their own judgment about the presentation with full disclosure of facts. It is for the participants to determine whether the speaker's outside interests may cause a possible bias in either the content, conclusions, or recommendations presented.

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Title of Continuing Education Activity: CDDS Semi-Annual and Annual Education Programs

Faculty Name: _____

Date of CME Activity: Continual Annual and Semi-annual meetings _____

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- _____ I have a financial interest/arrangement or affiliation with one or more organizations listed below that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Organization/Affiliation/Financial Interest:

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Presenter's Signature: _____

Date: _____

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