



## Change of Presenting Author Request

**(All fields are required to be completed for request of author change to be honored)**

Abstract Submittal Number: \_\_\_\_\_

Current Presenting Author Name: \_\_\_\_\_

New Presenting Author Name: \_\_\_\_\_

Abstract Title: \_\_\_\_\_

### **New Presenting Author Contact Information:**

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**It is required that the new Presenting Author complete the Disclosure Form below before this change will be made.**

### **Disclosure of Relevant Financial Relationships for Continuing Professional Education**

#### **INSTRUCTIONS FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS WITH COMMERCIAL INTERESTS IN CONTINUING EDUCATION (CME/CE)**

1. **RELATIVE TO THIS ACTIVITY**, instructors, planners, content reviewers and managers who affect the content of a CME activity are required to disclose financial relationships they have with commercial interests (i.e., any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients).
2. Disclose financial relationships **ONLY** with a commercial interest that is **relevant to the activity**.
3. You are to disclose financial relationships that fit #2 above **in any amount** that has been received **over the past 12 months ONLY**.
4. Financial relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition **do not have to be disclosed**.
5. Honoraria received, or consulting funds, from a CME provider, even though those funds may have been provided to that CME provider through an educational grant from a commercial interest, **do not have to be disclosed**.
6. If you are a **principal investigator** for a drug study, you must report that research relationship below under "Contracted Research" even if those funds came to an institution.
7. If your spouse or life partner has a relevant financial relationship with an applicable commercial interest (e.g., is employed in any capacity), or provides marketing advice to an applicable commercial interest as a consultant, **you must include that disclosure in the table below**.
8. In accordance with ACCME requirements, failure to provide disclosure information in a timely manner will result in the disqualification of the potential planner, course director, moderator, faculty, presenter, author or reviewer from this activity.

**PART I: NATURE OF RELEVANT FINANCIAL RELATIONSHIPS:**

Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest?

- No.** *Skip to Part II on the next page.*
- Yes.** I or my spouse/life partner have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below.

| <b>Type of Financial Relationship</b><br><small>WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include relevant spouse/life partner relationships</small>  | <b>Self/Spouse</b> | <b>Indicate Applicable Commercial Interest</b><br><small>WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include relevant spouse/life partner relationships</small> |
|--|--------------------|--|
| Salary/Employee  |                    |  |
| Royalty  |                    |  |
| Receipt of Intellectual Property Rights/Patent Holder  |                    |  |
| Consulting Fee   |                    |  |
| Speakers Bureau  |                    |  |
| Fees for <u>Non-CME/CE Services</u> Received Directly from a Commercial Interest or its Agent <i>(an accredited ACCME provider is not an agent for a commercial interest, whereas a company acting for a commercial interest in a promotional activity is an agent.)</i>               |                    |  |
| Contracted Research <i>(Only include research funds received directly from industry; grants to your institution are NOT reportable.) If you are a principal investigator, you must report a financial relationship even if those funds came to the institution for which you work.</i> |                    |  |
| Ownership Interest - Own the Company (stocks, stock options, or other ownership interest excluding diversified mutual funds).  |                    |  |
| Ownership Interest - Own Stocks (stocks, stock options, or other ownership interest excluding diversified mutual funds).   |                    |  |
| Ownership Interest - Future Stock Options (stocks, stock options, or other ownership interest excluding diversified mutual funds).   |                    |  |

**NOTE: If you have any other relevant financial relationships not listed above, please contact the NANS office.**

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

- No**       **Yes**

**PART II: UNLABELED/UNAPPROVED DRUGS:**

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

- No.** *Skip to Part III below.*
- Yes.** Provide the names of the drugs or products you will reference below.

**PART III: ATTESTATION OF CME/CE VALUE STATEMENTS:**

Please indicate your understanding of and willingness to comply with each statement below. If any statements do not apply to your participation in this activity, please select "N/A." If you require clarification of these statements or have questions regarding your ability to comply, please contact the CME Office immediately.

| <b>Value Statement</b>  | <b>Agree</b>             | <b>Disagree</b>          | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| I have disclosed all relevant financial relationships and I will disclose this information to learners.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have not and will not accept any honoraria, additional payments or reimbursements directly from a commercial interest for my participation in this activity.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that CNS may need to review my presentation and/or content prior to <u>this</u> activity, and I will provide educational content and resources in advance as requested.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I am providing recommendations involving clinical medicine, they 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 will conform to the generally accepted standard of experimental design, data collection and analysis. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 trade names from any single company.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I have been trained or utilized by a commercial interest or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I am presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principals and methods, and will not promote the commercial interest of the funding company.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**My signature (or typed name for e-filing) below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information. I am aware that financial disclosure information provided on page 2 of this form will be shared with learners prior to their engagement in this CME/CE activity.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Failure or refusal to disclose or the inability to satisfactorily resolve the identified conflict will result in the withdrawal of the invitation to participate.

**Request Change Deadline Date is Friday, November 29, 2019.**  
**Please return this fully completed form to:**

**Lily De Schaaf**  
**Education Manager**  
**North American Neuromodulation Society**  
8735 W. Higgins Road, Suite 300 • Chicago, IL 60631  
P: 847.375.6368 • F: 847.375.6492  
[ldeschaaf@neuromodulation.org](mailto:ldeschaaf@neuromodulation.org) • [www.neuromodulation.org](http://www.neuromodulation.org)