

Division of Scientific Education and Professional Development
 Center for Surveillance, Epidemiology and Laboratory Services
 Accreditation and Compliance Team
 Continuing Education Proposal



Bio/Disclosure Form

Information will be kept confidential. Attach additional pages, if needed.

Date Submitted (mm/dd/yyyy)

Role in Educational Activity (Check all that apply.)

Planner Faculty/Presenter/Content Expert

Section 1: Demographic Data

Name, credentials,

Position/title

Current Employer/address

Phone E-mail

Section 2: Education/Expertise

Describe education specific to the educational activity listed above.

Degree	Year	Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe expertise specific to the educational activity listed above.

Section 3: Conflict of Interest

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner within the last 12 months?

Yes No

If yes, complete the table below for all actual, potential, or perceived conflicts of interest. Check all that apply.

Category	Description
<input type="checkbox"/> Salary	<input type="text"/>

Title Activity # Start date

<input type="checkbox"/>	Royalty	<input type="text"/>
<input type="checkbox"/>	Stock	<input type="text"/>
<input type="checkbox"/>	Speaker's Bureau	<input type="text"/>
<input type="checkbox"/>	Consultant	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>

****If Planner, Skip sections 4 and 5.****

Section 4: Unlabeled use

Will your presentation(s), or the content you contributed, include any discussion of unlabeled use of commercial products or products for investigational use?

Yes No

If Yes, please explain your use of unlabeled products or products under investigational use. Attach additional pages, if needed.

Section 5: Title of Presentation (Live) OR Content Provided

Section 6: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given above.

Typed Signature: Name and Credentials (Required)

Date

FOR DEVELOPERS ONLY:

Indicate mechanism used to resolve real or perceived conflict of interest to be documented in Disclosure Worksheet

Discussion with content expert/presenter Review of content/presentation