



Please return to the GME office via interoffice mail at H088 or utilize the enclosed envelope. Thank you.

**DISCLOSURE OF RELATIONSHIPS WITH COMMERCIAL COMPANIES**

Penn State College of Medicine must insure balance, independence, objectivity, and scientific rigor in all its educational activities. All speakers and academic coordinators are expected to disclose to the audience all financial relationships with pharmaceutical companies, biomedical device manufacturers, and other healthcare-related for-profit entities. In addition, course faculty must disclose to the audience any discussion of investigational and/or off-label uses of drugs or devices.

(Significant financial interest or other relationship may include grants or research support, employee, consultant, stockholder, member of speakers bureau, owner of a company or product, designer of a product, etc.)

Title of CE Activity: ACGME Core Competencies Lecture Series

Date: September 6, 2007

Speaker Name: Bruce Armon, Esq

Title of Presentation: Employment Contracts

1. Within the past twelve months, I have received support from or have had a relationship with a pharmaceutical company, biomedical device manufacturer, or other healthcare-related for-profit entity.

YES  NO

If yes, please check all that apply:

- | Nature of Relationship:  | Company: |
|--|----------|
| <input type="checkbox"/> Speakers Bureau   | _____    |
| <input type="checkbox"/> Research Grant  | _____    |
| <input type="checkbox"/> Stockholder   | _____    |
| <input type="checkbox"/> Employment Affiliation  | _____    |
| <input type="checkbox"/> Other <u>Our firm represents pharmaceutical companies, and others in the health care delivery system.</u> |          |

2. Will you discuss any off-label uses?  YES  NO

If yes, please identify the product and the unlabeled use.

\_\_\_\_\_

3. Will you discuss any investigational uses?  YES  NO

If yes, please identify the product and the investigational use.

\_\_\_\_\_

4. Have you been asked to promote or market any products?  YES  NO

If yes, what products? \_\_\_\_\_

5. My participation does not infringe upon any copyright or other intellectual property or proprietary right of any third party. I have obtained appropriate permission to reprint any portion of my presentation (if applicable)

YES  NO

6. If patient identifying information is used, I have obtained the necessary patient release signatures.

YES  NO  not applicable

The relationships are with my firm, and not me personally.

I certify that this information is true and correct. I understand that I am responsible for ensuring that any discussion of investigational and/or off-label uses of a product is disclosed to the audience.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

3/27/07

NOTE: Disclosure information will be provided to the audience. Failure to complete this form will be noted as "Refusal to Disclose."