



ICHP Conflict of Interest Declaration

See Handbook for Guidance

Name of Individual: _____ Title of CE Activity: _____ Date and location of CE Activity: _____	Individual's prospective role in CE Activity (select all that apply) <input type="checkbox"/> Planner <input type="checkbox"/> Faculty, Speaker, Instructor <input type="checkbox"/> Preceptor / Content Specialist <input type="checkbox"/> Author, Writer <input type="checkbox"/> Reviewer <input type="checkbox"/> Other
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Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; please disclose ALL financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

The Standards for Integrity and Independence require that individuals who refuse to provide this information be disqualified from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance.

Name of Ineligible Company	Nature of Financial Relationship	Has the Relationship Ended?
An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months but has now ended, please check the box in this column. This will help determine if mitigation steps need to be taken.
Example: ABC Company	Consultant	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

In the past 24 months, I have not had any financial relationships with ineligible companies.

I attest that the above information is correct as of the date of this submission.

Signature: _____

Date: _____



ICHP PRECEPTOR Conflict of Interest Declaration

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