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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe expertise specific to the educational activity listed above.

|  |
| --- |
|  |

## Section 3: Conflict of Interest

**Federal employees**: For the past 12 months, I have been a federal employee and have been covered by all of the federal ethics rules, including the bribery and illegal gratuities statute (18 U.S.C. § 201), the criminal conflict of interests statutes (18 U.S.C. §§ 202-209), and the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. Part 2635).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**Non-federal employees**: 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** |
|  | Salary |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speaker’s Bureau |  |
|  | Consultant |  |
|  | Other |  |

## \*If Planner, Skip sections 4, 5 and 6.\*

## 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: Best Available Knowledge**

Is your presentation, or the content you contributed, supported by the best available knowledge or evidence?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

## **Section 7: 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 | |