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COMPLETE

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Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Brandon VanderVeen

Q3

Email

brandon.vanderveen@uscmed.sc.edu

Q4

Today's Date

Please select below:

08/27/2020

Q5 **Speaker**

What is your role in this CPD activity? Select all that apply.

Q6 **Yes**

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria	AcePre LLC (employer)
Membership on advisory boards or speakers' bureaus	none
Funded grants or clinical trials	NCCIH - R41AT009964 to E. Angela Murphy (mentor)
Patents on a drug, product or device	none
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	none

Q8 **No**

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 **Yes**

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 **I agree**

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.
