



ASCP
AMERICAN SOCIETY OF
CLINICAL PSYCHOPHARMACOLOGY

5034A Thoroughbred Lane, Brentwood, TN 37027 • 615-649-3085 • FAX 888-417-3311 • info@ascpp.org

CONTINUING MEDICAL EDUCATION POLICY ON FULL DISCLOSURE

The Accreditation Council for Continuing Medical Education (ACCME) requires that The American Society of Clinical Psychopharmacology, Inc., determine the existence of any relevant financial interest from anyone who is in a position to control the content of the CME activity. This includes planners, faculty members, and authors. ACCME defines “relevant” financial relationships as “financial relationships in any amount occurring within the past 12 months that create a conflict of interest”.

ASCP requires the disclosure of all financial relationships from planners, speakers or authors.

Although ASCP does not consider that such relevant financial relationships necessarily give rise to bias or unbalance, it is the policy of ASCP that any such relationships be identified to the audience prior to commencement of the program. In addition, it is the policy of ASCP to resolve all conflicts of interest prior to the CME activity as per ACCME guidelines.

Each faculty member or author will be asked to send to the planning committee (depending on the particular meeting) a detailed abstract, and/or the paper to be presented, and/or the slides to be presented. Each abstract, paper, or slide set will be reviewed by the planning committee for content, presentation, and bias, in light of the faculty member’s or author’s financial relationships. Changes to achieve scientific integrity and lack of bias may be required of the faculty member or author prior to the presentation.

EACH PLANNER, FACULTY MEMBER, AUTHOR MUST COMPLETE AND RETURN THIS DISCLOSURE STATEMENT. Photocopies of this form may be used, if necessary, or additional forms are available from ASCP.

DISCLOSURE STATEMENT

2015 Psychiatric Research Society Annual Meeting

I have read the ASCP policy on *full disclosure* and I declare that:

- ☐ Neither I, nor any member of my family, have a significant financial interest in, affiliation with, or have received compensation, research grants, travel expenses, etc., from any manufacturing (and/or its (their) agent) of any commercial product(s).
- ☐ I have disclosed all financial relationships below. ASCP requires the disclosure of all financial relationships.

Name of Manufacturer

Relationship

Name (print)

Signature

Date