

**Attestation Form**

Please initial to indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the organizer as soon as possible for clarification.

**Unlabeled Use**

My presentation/discussion: (*check one*)  **DOES**  **DOES NOT** include discussion of an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose. I agree to disclose to the audience if my presentation/discussion includes any discussion of a product not labeled by the FDA for the use under discussion or that is still investigational.

**Copyright**

I verify that prior to the presentation I have requested and/or obtained permission from copyright holder(s) to reproduce/copy from their work, the portions of my presentation that are protected by copyright laws. I acknowledge that Baptist Health South Florida (BHSF) will not be held legally responsible for any misrepresentation on my part regarding copyright infringement.

**HIPAA**

When presenting specific patient cases or case histories, I warrant that I have HIPAA compliant authorization for any PHI (Protected Health Information) in the presentation materials or have de-identified all photograph used in my materials.

**Financial Disclosures**

I have completed the Disclosure Information, providing information to BHSF regarding all relevant financial relationships, and I will disclosure information to learners verbally and in print on my presentation.

**Commercial Bias**

The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.

**Honoraria/ Reimbursement**

I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with Baptist Health South Florida.

**Content Review**

I understand that Baptist Health South Florida or its designees will review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

**Evidence-based**

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the professional of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will confirm to the generally accepted standards of experimental design, data collection and analysis.

**Trade Names/ Generic Names**

If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.

**Commercial Entity Promotion**

if I have been trained or utilized by a commercial entity or its agent as a speaker (i.e., speakers' bureau) for any commercial interest, the promotional aspect of that presentation will not be included in any way with this activity.

**Research Funding**

if I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

**Full Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Conference/ Symposium Title:** \_\_\_\_\_