

Please read the [APHA Conflict of Interest Policy](#); [the Continuing Education Content Integrity Standard](#); and, [the Commercial and Sponsorship Support Standards](#) before filling out this form.

Instructions: A biographical and conflict of interest disclosure form is required for each presenter, speaker, discussant, respondent, and session moderator. Please complete the form below and provide a typed signature and date, and **email back to your session organizer (do not scan)**. Please do not submit curriculum vitae or resumes.

Contact Information

| | | | |
|--------------------|---------------------------------|---------------------------|--|
| Meeting: | APHA 2019 Annual Meeting & Expo | Abstract/Session # | |
| Name: | | Degree: | |
| Affiliation | | Address: | |
| Department: | | City/State/Zip: | |
| Phone: | | Email: | |

Presenter, Speaker, Discussant, Respondent, Panelist, etc.

Biographical Qualification Statement: *(I have been the principal or co-principal of multiple federally funded grants focusing on the epidemiology of drug abuse, HIV prevention and co-occurring mental and drug use disorders. Among my scientific interests has been the development of strategies for preventing HIV and STDs in out-of-treatment drug users.)*

I am qualified to give this presentation on this material because:

(Bio statement must state content expertise. Please submit your biographical qualification statement in the box below and limit to no more than 75 words). Please type.

Conflict of Interest (COI) Disclosure - Resolution

A CE worthy educational activity/session must be developed and presented with independence, objectivity and scientific rigor, free from promotion of specific goods or services, or bias.

A Conflict of Interest (COI) is present if any relationship of a financial, professional, or personal nature exists that would potentially bias the planner, program reviewer presenter, speaker, discussant, respondent, faculty because they may have an impact on the content of an educational activity.

Such a relationship may be:

- with a commercial entity, or entity controlled/owned by an entity that produces, markets, re-sells, or distributes healthcare goods or services that are consumed by, or used on, patients/clients. Pharmaceutical or biomedical device entities whose goods or services are related to therapeutic areas are such commercial entities.
- A salary; consulting fee; honoraria; ownership interest except diversified mutual funds; private research or program contracts or grants; publications; royalties; membership on advisory or top level boards or panels that give remuneration.

Exempt entities that are not considered commercial entities for CE purposes are non-profits, governments, and non-healthcare related companies.

To award CE credits, a COI must be identified, disclosed and resolved before presentation. Each presenter, speaker, discussant, respondent, faculty must agree not to promote the sale of goods or services, or insert bias when planning or presenting the activity/session.

Required Disclosure: During the past 12 months have you, or your spouse or partner had a financial, professional or personal relationship that might potentially bias and/or impact content of the educational activity/session: **Yes** **No**.

If yes, list company (s) with relationship:

| Relationship | Name of Commercial Company |
|--------------|----------------------------|
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Resolution: *I agree not to promote any products, goods or services or to bias the educational, planning and selection of presenters and to protect the integrity of the content according to the APHA Conflict of Interest Policy; the Continuing Education Content Integrity Standard; and the Commercial and Sponsorship Support Standards.*

Typed Signature

Date