



FACULTY ATTESTATION FORM

Please indicate your understanding and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact Jennifer Troyanovich at the Central Illinois Neuroscience Foundation (CINF) as soon as possible.

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed to the CINF all relevant financial relationships, and I will disclose this information to learners verbally and in print at the conference at which I am presenting.
<input type="checkbox"/>	<input type="checkbox"/>	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 or a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
<input type="checkbox"/>	<input type="checkbox"/>	I have not, and will not, accept any honoraria, reimbursements or other compensation from any commercial entities as payment for endorsing a product or device presented or discussed at the conference.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the CINF may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
<input type="checkbox"/>	<input type="checkbox"/>	If I provide recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession 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 conform to the generally accepted standards of experimental design, data collection and analysis.
<input type="checkbox"/>	<input type="checkbox"/>	If I discuss specific health care 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.
<input type="checkbox"/>	<input type="checkbox"/>	If I discuss any product use that is off-label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
<input type="checkbox"/>	<input type="checkbox"/>	If I present research funded by a commercial entity, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

I have carefully read and considered each item in this form and have completed it to the best of my ability.

Signature

Date