



# Change of Presenting Author Request

**(All fields are required to be completed for request of author change to be honored)**

Abstract Submittal Number: \_\_\_\_\_

Current Presenting Author Name: \_\_\_\_\_

New Presenting Author Name: \_\_\_\_\_

Abstract Title: \_\_\_\_\_

## **New Presenting Author Contact Information:**

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**It is required that the new Presenting Author complete the Disclosure Form below before this change will be made.**

## **Disclosure of Relevant Financial Relationships for Continuing Professional Education**

### **INSTRUCTIONS**

Related to CME, all individuals who are involved in the development and presentation of content are required to disclose (or report) all financial relationships they hold with an ACCME-defined "ineligible company" \*, within the last 24 months.

An "ineligible company" is defined by ACCME as "companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients." Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers, or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

**What you MUST disclose:**

- ALL financial relationships with **ACCME defined ineligible companies**.
  - within in the last 24 months (of the current date)
  - there is no minimum financial threshold
- Individual stocks and stock options
- A principal investigator role for a drug study must report that relationship as “**Contracted Research**”, even your institution receives the research grant and manages the funds.

**You are not required to disclose:**

- Financial relationships with governmental agencies (e.g., the NIH)
- Honoraria or consulting funds, from an approved CME/CE provider.
- Employment with schools of medicine or health science universities.
- Diversified mutual funds

Owners and employees of ACCME-defined ineligible companies are not permitted to participate as planners or faculty of CME activities, as their financial relationships are considered unresolvable. [ACCME Standard 3.2]

**Owners:** are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies or holders of shares through a pension or mutual fund.

**Employees:** are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

**PART I: NATURE OF FINANCIAL RELATIONSHIPS:**

Within the past 24 months, have you received support from, or had a relationship with, an ACCME defined ineligible company?

- Yes**       **No (Skip to Part II below)**

<b>Enter Nature of Financial Relationship</b>	<b>Enter Name of Ineligible Company</b> <small>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a>.</small>	<b>Has the relationship ended?</b> <small>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column.</small>



### **PART III: ATTESTATION OF CME/CE VALUE STATEMENTS:**

Please indicate your understanding of and willingness to comply with the statements below. If you require clarification of these statements or have questions regarding your ability to comply, please contact the CME Office immediately.

#### **Value Statements**

- I have disclosed all relevant financial relationships and I will disclose this information to learners.
- The content and/or presentation of the information with which I am involved will promote quality or improvements in health care 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 balanced, evidence-based and commercially unbiased.
- I have not and will not accept any honoraria, additional payments or reimbursements directly from a commercial interest for my participation in this activity.
- I understand that CNS may need to review my presentation and/or content prior to this activity, and I will provide educational content and resources in advance as requested.
- If I am providing 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 will conform to the generally accepted standard of experimental design, data collection and analysis.
- 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.
- If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA.
- If I have been trained or utilized by a commercial interest 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.
- If I am presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principals and methods, and will not promote the commercial interest of the funding company.

**My signature (or typed name for e-filing) below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information as of this date of submission. I am aware that financial disclosure information provided on this form will be shared with learners prior to their engagement in this CME/CE activity.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request Change Deadline Date is Friday, November 18, 2022.**  
**Please return this fully completed form to:**

**Lily De Schaaf**  
**Education Manager**  
**North American Neuromodulation Society**  
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P: 847.375.6368 • F: 847.375.6492  
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