

Vested Interest Declaration Form
Texas A&M University – College Station
Continuing Education Program
Rudder Tower-8th floor, MS 3371
College Station, TX 77840

As an approved provider by Texas A&M University Continuing Education Program, (Provider Unit Name) must assure balance independence, objectivity and scientific rigor in all of its continuing education. (Provider Unit Name) is solely responsible for control of program objectives, content, and selection of presenters. All speakers and planning committee members are expected to disclose to the audience: (1) any significant financial interest or other relationships with the manufacturer(s) or provider(s) of any commercial product(s) or service(s) discussed in an educational presentation; (2) any significant financial interest or other relationship with any companies providing commercial support for the activity; and (3) if the presentation will include discussion of investigational or unlabeled uses of a product. The intent of this disclosure is not to prevent a speaker with commercial affiliations from presenting, but rather to provide the participants with information from which they may make their own judgments.

Activity Title:
Date:
Speaker's Name:
Address:

Supporters for Activity:

PLEASE COMPLETE BOTH SECTIONS AND SIGN BELOW.

Section 1: Do you have a financial interest or affiliations with:

- (1) The manufacturer of any products, devices or services related to your presentation? **Yes** ___ **No** ___
 (2) Any of the above listed companies/organizations providing support for this activity? **Yes** ___ **No** ___

If yes, please identify the company and the nature of the relationship below.

Affiliation/financial interest	NAME OF COMPANY ORGANIZATION(S)
Grant/Research Support	_____
Employee or Consultant	_____
Speaker's Bureau	_____
Major Stock or Investment Holder	_____
Other	_____

Section 2: Will your presentation(s) include discussion of investigational or unlabeled uses of a product? **Yes** ___ **No** ___

If, yes please describe:

Verbal acknowledgement must be made at the activity.

 (Presenter/Content Specialist or Planning Committee Member Signature) Date: _____

Coordinator Signature: _____

Please return this for as soon as possible to the above address.