

## Speaker Disclosure & Conflict of Interest Declaration Form

**Providers:** It is the responsibility of the Program Provider to distribute, collect and retain completed Speaker Disclosure & Conflict of Interest Declaration Forms from each speaker on the provider's program schedule. Furthermore, it is the Program Provider's responsibility to print any disclosures made by Speakers in the program materials and to provide IBLCE, upon request, with copies of the completed disclosure forms.

**Name of Provider:** \_\_\_\_\_

**Name of Program:** \_\_\_\_\_ **Program Date(s):** \_\_\_\_\_

It is the policy of IBLCE to make best efforts to insure balance, independence, objectivity, and scientific rigor in educational activities which are recognised for IBLCE Continuing Education Recognition Points (CERPs). All speakers/presenters participating in any program recognised for IBLCE CERPs are expected to disclose to the program audience any affiliations that may have a bearing on the subject matter of their presentation. Such affiliations include, but are not limited to:

- Companies and commercial entities as defined in the IBLCE Minimising Commercial Influence on Education Policy
- Any other persons or entities related to the subject matter of the presentation topic or the general topic of the program as a whole.

The intent of this policy is not to prevent a speaker from making a presentation. It is merely intended that any potential competing interest shall be identified openly so that participants may form their own judgments about the presentation with the full disclosure of pertinent facts. The participants will determine whether the speaker's competing interests may reflect a possible bias in either the exposition or the conclusions presented.

### Speaker's Individual Declaration of Competing Interest or Affiliation

**Speakers:** Please read the above policy and then provide the following information. Promptly return the completed form to the Program Provider.

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

- ☐ I have no actual or potential declarations to make in relation to this program.
- ☐ I have a competing interest or affiliation that could be perceived as having a bearing on my presentation. I have listed all current competing interests or affiliations below.

Competing Interest or Affiliation*	Name of Person/Organisation

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

*\*Possible types of affiliations include: grant/research support; receipt of honoraria, travel, or other benefits; acting as a consultant/independent contractor, employee, officer or director, or having a financial interest; participation as part of a speaker's bureau or being a regular contributor to a publication; having a close friend or family member who is an officer, director, employee, or who has a financial interest; and any other financial or material support*