

DISCLOSURE OF CONFLICT OF INTEREST

HEALTHY MOTHERS AND HEALTHY BABIES CONFERENCE 2020
 Innovation and Equity: The Foundation to Quality Perinatal Care in 2020
 February 20-22, 2020 | Hyatt Regency Hotel, 655 Burrard St, Vancouver, BC V6C 2R7

UBC Interprofessional Continuing Education is dedicated to ensuring that all participants of programs offered by UBC IPCE are notified of potential conflict of interest. A conflict of interest is defined as a situation where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions.

Please check the statement that applies to you:

- I do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations. Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.
- I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization.

Complete the sections below that apply to you now or during the past two (2) calendar years up to and including the current year. Please indicate the for-profit and not-for-profit organizations with which you have/had affiliations, and briefly explain what connection you have/had with the organizations. You must disclose this information to your audience both verbally and in writing.

	Name of for-profit or not-for-profit organizations(s)	Description of relationship(s)
Any direct financial relationships including receipt of honoraria		
Membership on advisory boards or speakers' bureaus.		
Funded grants, research, or clinical trials		
Patents for a drug or device		
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity		

	Yes	No	
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medications)			You must declare all off-label use to the audience during your presentation
I acknowledge that the National Standard requires that any descriptions of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner.			Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.

Please check all that apply:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Member of the planning and/or abstract committee | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> Moderator | <input type="checkbox"/> Author |
| <input type="checkbox"/> Other _____ | |

I, _____, acknowledge that I have reviewed the declaration form's instructions and guidelines, and that the information above is accurate. I understand that this information will be publicly available.

Signature: _____ Date: _____

Please complete and return by January 10, 2020 to:
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