

## Faculty Disclosure of Interest Policy

As a sponsor accredited by the ACCME, the ASDS must ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. All faculty members must complete the conflict of interest form.

The American Society for Dermatologic Surgery requires that every speaker and presenter participating in an ASDS educational event must adhere to the Faculty Disclosure Policy.

Faculty members/speakers are expected to disclose to their audiences any significant financial interest or relationship with a manufacturer of any commercial product(s) or any provider of commercial services discussed in their presentation. At the beginning of each presentation the specific disclosures corresponding to that particular presentation must be revealed, both verbally from the podium and within a disclosure slide following their title slide. Such disclosures will also be listed in any relevant program material. Blanket revelations of all disclosures are insufficient for this purpose. Specific information detailing the nature of the specific disclosure related to that presentation must be presented (e.g. "I have received funding from company X which supported the research I am about to report"). Panel members and those who comment on lectures should be bound to reveal financial or contractual arrangements that may be relevant to comments made at a public forum. Therefore, members who stand up during the Q&A portion of a session will be asked to disclose any relevant relationships. Moderators will be made aware of disclosures of interest to ensure appropriate compliance oversight as well.

In addition, all faculty members are also required to know and disclose to their audiences the FDA approval status of all medical devices and pharmaceuticals for the uses discussed or demonstrated in their educational presentations.

ASDS has a procedure for managing conflicts of interest for educational presentations should they arise, including advance preview of presentations and removal from the program if an identified conflict cannot be resolved.

I have read and understand my disclosure obligations as outlined above.

Printed Name: \_\_\_\_\_

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

**Please forward a copy of this Disclosure Form to ASDS Headquarters.**

**PLEASE FAX TO: 847-956-0999 (ATTN: Janine Wisniewski)**

**Keep a copy for your records.**