NAPNAP Faculty Declaration Form

Presentation Title: ________________________________________________________________

Presenter Name(s): ______________________________________________________________

☐ In the last two years, neither I nor any member of my immediate family has had a financial
ingest of arrangement or affiliation with one or more organizations that could be perceived as a real
or apparent conflict of interest in the context of the subject of this presentation.

Signature: _________________________________________________________________________

Date: __________________________________________________________________________

(OR)

☐ In the last two years, I or an immediate family member have had a financial interest/arrangement
or affiliation with one or more organizations that could be perceived as a real or apparent conflict of
interest in the context of the subject of this presentation.

Affiliation/Financial Interest

| Honorarium: | __________________________ |
| Grant/Research Support: | __________________________ |
| Consultant: | __________________________ |
| Speakers’ Bureau: | __________________________ |
| Major Stock Shareholder: | __________________________ |
| Employee: | __________________________ |
| Other Financial or Material Support: | __________________________ |

Signature: __________________________ Date: __________________________

Discussion of ‘Off-Label’ Use

☐ I will be discussing/demonstrating any “off-label” use of drugs or medical devices.

(OR)

☐ I will not be discussing/demonstrating any “off-label” use of drugs or medical devices.

If yes, please list what “off-label” use of drugs or medical devices will be discussed/demonstrated:

_____________________________________________________________________________________

Signature: __________________________________________________________________________

Date: ______________________________________________________________________________
Faculty Qualification Record

Title of Presentation______________________________________________________________

Name of Presenter_______________________________________________________________

Address________________________________________________________________________

City__________________________________________________________State_______Zip______

Telephone (______)___________________________________ FAX (_____)__________________

EMAIL___________________________________________________________________________

Credentials (list all degrees and certifications earned)________________________________

Field of Specialization_____________________________________________________________

________________________________________________________________________________

Current Position and Title____________________________________________________________

________________________________________________________________________________

Place of Employment_______________________________________________________________

________________________________________________________________________________

Qualification for presenting session content, including publications or previous seminars conducted, if pertinent.

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Your cooperation in complying with these guidelines is appreciated. Please return this form by
_________________________ (due date) to_________________________________________(name and contact info).