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
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.

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               Name of Organization(s)

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: ___________________