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: ________________________________