

Vested Interest Declaration Form
Texas A&M University – College Station
Continuing & Professional Education
Pavilion, Suite 221, 2590 TAMU
College Station, TX 77843

As an approved provider by Texas A&M University Continuing Education Program, _____ must assure balance independence, objectivity, and scientific rigor in all of its continuing education. _____ is solely responsible for control of program objectives, content, and selection of presenters. All speakers and planning committee members are expected to disclose to the audience: (1) any significant financial interest or other relationships with the manufacturer(s) or provider(s) of any commercial product(s) or service(s) discussed in an educational presentation; (2) any significant financial interest or other relationship with any companies providing commercial support for the activity; and (3) if the presentation will include discussion of investigational or unlabeled uses of a product. The intent of this disclosure is not to prevent a speaker with commercial affiliations from presenting, but rather to provide the participants with information from which they may make their own judgments.

Activity Title:
Date:
Speaker's Name:
Address:

Supporters for Activity:

PLEASE COMPLETE BOTH SECTIONS AND SIGN BELOW.

Section 1: Do you have a financial interest or affiliations with:

- (1) The manufacturer of any products, devices or services related to your presentation? **Yes**____ **No**____
 (2) Any of the above listed companies/organizations providing support for this activity? **Yes**____ **No**____

If yes, please identify the company and the nature of the relationship below.

Affiliation/financial interest	NAME OF COMPANY ORGANIZATION(S)
Grant/Research Support	_____
Employee or Consultant	_____
Speaker's Bureau	_____
Major Stock or Investment Holder	_____
Other	_____

Section 2: Will your presentation(s) include discussion of investigational or unlabeled uses of a product? Yes____ **No**____

If, yes please describe:

Verbal acknowledgement must be made at the activity.

 (Presenter/Content Specialist or Planning Committee Member Signature) Date: _____

Coordinator Signature: _____

Please return this for as soon as possible to the above address.