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## Division of Education

### Disclosure of Financial Relationships for Continuing Medical Education

*Required documentation related to disclosure of financial relationships with ineligible companies for planners, faculty, authors, applicable CME/CE staff, and content reviewers of CME/CE activities.*

### Information You Need To Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

#### Why We Ask:

Because the American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME), we require your assistance to comply with accreditation guidelines and help us create high-quality education that is independent of industry influence. To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this accredited CME/CE activity must disclose all financial relationships with all companies — whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients — over the past 24 months. **To confirm your participation in this CME activity, we ask that you complete and return this form within seven days of the receipt of this document.**

#### What to Disclose:

- There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, *not* those of your spouse or life partner.
- We ask you to disclose all financial relationships regardless of whether or not you view the relationships as relevant to the CME activity. The Division of Education will determine if the information that you provide is relevant to the topics of the CME activity in which you will participate.
- Since healthcare professionals serve as the trusted authorities when advising patients, they must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.
- If the Division of Education determines that the financial relationships create a conflict of interest, the Division of Education also will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, etc.).
- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr Nicholas Allen, PhD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

Planner (e.g., planning committee, course director, editor, CE staff):

- ✓ Faculty, Author
- Moderator, Panelist
- Content Reviewer
- Other specify below

Describe your role if you selected "other" above:

### Relationships with ineligible companies

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the **name** of the ineligible company and the **nature** of the financial relationship(s). There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

#### Enter Name of Company with Whom You Have a Financial Relationship

*[An Ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products or services used by or on patients. Types of companies for which you must disclose your financial relationships are as follows: (1) biomedical startups that have begun a governmental regulatory approval process; (2) compounding pharmacies that manufacture proprietary compounds; (3) device manufacturers or distributors; (4) diagnostic labs that sell proprietary products; (5) growers, distributors, manufacturers or sellers of medical foods and dietary supplements; (6) manufacturers of health-related wearable products; (7) pharmaceutical companies or distributors; pharmacy benefit managers; and (8) reagent manufacturers or sellers.]*

Example: Pfizer Pharmaceuticals

#### Enter the Nature of the Financial Relationship

*[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]*

Example: Consultant

#### Has the Relationship Ended?

*[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]*

✓

#### In the past 24 months (select one):

I have had at least one financial relationships with a company and have indicated it in the box above

I have **NOT** had any financial relationships with companies as defined on this page.

### Additional Funding from Ineligible Companies

✓ I have not and will not accept any honoraria, additional payments or reimbursements directly from an ineligible company for my participation in this activity.

### Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare

Complete these questions if you are an Executive, Employee, or Owner of a company whose products are related to healthcare and patient treatments:

(1) What is your title and role at the Company? **Ksana Health Inc.**

(2) Will the content of your presentation:

- Contain any references to the business lines or products of your employer/company? **No**
- Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? **Yes**

### PRESENTER / PLANNER RELEASE AND CONSENT FORM

All presenters, speakers, panelists, and other participants at APA educational activities must agree to the terms and conditions in this Presenter/Planner Release and Consent form.

I hereby agree as follows:

- **Grant of Rights.** I hereby agree that all work product submitted or presented by me as part of this activity and all related intellectual property rights (including but not limited to patent, copyright, trademark, trade name, and trade secrets) shall be the property exclusively of the APA and, to the extent possible, will be considered a work made for hire within the meaning of Title 17 of the United States Code. To the extent that any work product does not qualify as a work made for hire, I hereby unconditionally and irrevocably assign and transfer to APA all rights to and ownership of such work product, and I agree to execute and deliver all documents reasonably requested by APA to perfect or protect APA's rights in such work product. In addition, I hereby grant to APA permission to use and publish my name, credentials, affiliations, abstracts and any other information relating to my presentation(s) in connection with the APA meeting. This permission is for worldwide, royalty-free use in print and electronic mediums. APA hereby grants me a perpetual, irrevocable, worldwide, unlimited license to use the work product submitted or presented by me as part of this activity.
- **Underlying Ideas.** I understand, and the APA acknowledges, that I retain my rights to the original ideas, data, and analyses reflected in my presentation and that I may freely discuss and develop them in other contexts. I agree that if I later use or present similar or related materials, including excerpts from the presentation itself, I will not in any way designate them as, or indicate that they are or were, endorsed, sponsored, or approved by the APA; "from the APA;" or otherwise associated with the APA or the APA meetings.
- **Publicity.** I grant the APA and its licensees and assigns the right to use my name, biographic material, voice, portrait, and likeness for the purpose of publicizing the meeting and any presentation being used pursuant to the rights granted above.
- **Compensation.** Unless explicitly agreed otherwise, I waive any and all compensation from the APA and its licensees or assigns for the grant or exercise of the rights granted above. I agree not to request or accept any compensation (including honoraria) for presenting at this meeting, or reimbursement for travel or other expenses associated with this presentation or attendance at this meeting, from any source that is not my direct employer.
- **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all written consents, including but not limited to relevant patient consents, necessary for the APA to use them as described above and will provide all such consents to the APA no later than 30 days before the start of the activity.
- **Indemnification.** I agree to hold the APA and its members, officers, directors, employees, agents, licensees, and assigns harmless and indemnify them for any costs, claims, or losses whatsoever (including reasonable attorney's fees and costs) which may arise, in whole or in part, out of my participation in this activity or the exercise of any of the rights granted above.

**By signing this form I commit to presenting a fair and balanced Continuing Education program and agree to the terms noted above.**

**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr Nicholas Allen, PhD**  
*(Please enter your full name)*  
**Digital Signature:** **Nicholas Brian Allen**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/15/22**





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## Division of Education

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### Information You Need To Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

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#### What to Disclose:

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### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr. Stephan Carlson, MD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

- Planner (e.g., planning committee, course director, editor, CE staff):

Faculty, Author  
Moderator, Panelist

- ✓ Content Reviewer  
Other specify below

Describe your role if you selected "other" above:  
**Director of Medical Education**

## Relationships with ineligible companies

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the **name** of the ineligible company and the **nature** of the financial relationship(s). There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

### Enter Name of Company with Whom You Have a Financial Relationship

*[An Ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products or services used by or on patients. Types of companies for which you must disclose your financial relationships are as follows: (1) biomedical startups that have begun a governmental regulatory approval process; (2) compounding pharmacies that manufacture proprietary compounds; (3) device manufacturers or distributors; (4) diagnostic labs that sell proprietary products; (5) growers, distributors, manufacturers or sellers of medical foods and dietary supplements; (6) manufacturers of health-related wearable products; (7) pharmaceutical companies or distributors; pharmacy benefit managers; and (8) reagent manufacturers or sellers.]*

Example: Pfizer Pharmaceuticals

Alkermes  
Janssen

### Enter the Nature of the Financial Relationship

*[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]*

Example: Consultant

Speaker  
Speaker

### Has the Relationship Ended?

*[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]*

✓

### In the past 24 months (select one):



I have had at least one financial relationships with a company and have indicated it in the box above



I have **NOT** had any financial relationships with companies as defined on this page.

## Additional Funding from Ineligible Companies

✓ I have not and will not accept any honoraria, additional payments or reimbursements directly from an ineligible company for my participation in this activity.

## Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare

Complete these questions if you are an Executive, Employee, or Owner of a company whose products are related to healthcare and patient treatments:

(1) What is your title and role at the Company?

(2) Will the content of your presentation:

- Contain any references to the business lines or products of your employer/company? **N/A**
- Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? **N/A**

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I hereby agree as follows:

- **Grant of Rights.** I hereby agree that all work product submitted or presented by me as part of this activity and all related intellectual property rights (including but not limited to patent, copyright, trademark, trade name, and trade secrets) shall be the property exclusively of the APA and, to the extent possible, will be considered a work made for hire within the meaning of Title 17 of the United States Code. To the extent that any work product does not qualify as a work made for hire, I hereby unconditionally and irrevocably assign and transfer to APA all rights to and ownership of such work product, and I agree to execute and deliver all documents reasonably requested by APA to perfect or protect APA's rights in such work product. In addition, I hereby grant to APA permission to use and publish my name, credentials, affiliations, abstracts and any other information relating to my presentation(s) in connection with the APA meeting. This permission is for worldwide, royalty-free use in print and electronic mediums. APA hereby grants me a perpetual, irrevocable, worldwide, unlimited license to use the work product submitted or presented by me as part of this activity.
- **Underlying Ideas.** I understand, and the APA acknowledges, that I retain my rights to the original ideas, data, and analyses reflected in my presentation and that I may freely discuss and develop them in other contexts. I agree that if I later use or present similar or related materials, including excerpts from the presentation itself, I will not in any way designate them as, or indicate that they are or were, endorsed, sponsored, or approved by the APA; "from the APA;" or otherwise associated with the APA or the APA meetings.
- **Publicity.** I grant the APA and its licensees and assigns the right to use my name, biographic material, voice, portrait, and likeness for the purpose of publicizing the meeting and any presentation being used pursuant to the rights granted above.
- **Compensation.** Unless explicitly agreed otherwise, I waive any and all compensation from the APA and its licensees or assigns for the grant or exercise of the rights granted above. I agree not to request or accept any compensation (including honoraria) for presenting at this meeting, or reimbursement for travel or other expenses associated with this presentation or attendance at this meeting, from any source that is not my direct employer.
- **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all written consents, including but not limited to relevant patient consents, necessary for the APA to use them as described above and will provide all such consents to the APA no later than 30 days before the start of the activity.
- **Indemnification.** I agree to hold the APA and its members, officers, directors, employees, agents, licensees, and assigns harmless and indemnify them for any costs, claims, or losses whatsoever (including reasonable attorney's fees and costs) which may arise, in whole or in part, out of my participation in this activity or the exercise of any of the rights granted above.

**By signing this form I commit to presenting a fair and balanced Continuing Education program and agree to the terms noted above.**

**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr. Stephan Carlson, MD**  
(Please enter your full name)  
**Digital Signature:** **Stephan Carlson, MD**  
(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)  
**Date:** 03/18/22







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## Division of Education

### Disclosure of Financial Relationships for Continuing Medical Education

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- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr Linda Chokroverty, MD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

Planner (e.g., planning committee, course director, editor, CE staff):

- ✓ Faculty, Author
- ✓ Moderator, Panelist
- Content Reviewer
- Other specify below

Describe your role if you selected "other" above:

### Relationships with ineligible companies

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Enter Name of Company with Whom You Have a Financial Relationship	Enter the Nature of the Financial Relationship	Has the Relationship Ended?
<p><i>[An Ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products or services used by or on patients. Types of companies for which you must disclose your financial relationships are as follows: (1) biomedical startups that have begun a governmental regulatory approval process; (2) compounding pharmacies that manufacture proprietary compounds; (3) device manufacturers or distributors; (4) diagnostic labs that sell proprietary products; (5) growers, distributors, manufacturers or sellers of medical foods and dietary supplements; (6) manufacturers of health-related wearable products; (7) pharmaceutical companies or distributors; pharmacy benefit managers; and (8) reagent manufacturers or sellers.]</i></p>	<p><i>[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]</i></p>	<p><i>[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]</i></p>
<p><i>Example: Pfizer Pharmacueticals</i></p>	<p><i>Example: Consultant</i></p>	<p>✓</p>

**In the past 24 months (select one):**

- I have had at least one financial relationships with a company and have indicated it in the box above
- I have **NOT** had any financial relationships with companies as defined on this page.

### Additional Funding from Ineligible Companies

I have not and will not accept any honoraria, additional payments or reimbursements directly from an ineligible company for my participation in this activity.

### Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare

Complete these questions if you are an Executive, Employee, or Owner of a company whose products are related to healthcare and patient treatments:

- (1) What is your title and role at the Company?
- (2) Will the content of your presentation:
  - Contain any references to the business lines or products of your employer/company? **N/A**
  - Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? **N/A**

### PRESENTER / PLANNER RELEASE AND CONSENT FORM

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- **Underlying Ideas.** I understand, and the APA acknowledges, that I retain my rights to the original ideas, data, and analyses reflected in my presentation and that I may freely discuss and develop them in other contexts. I agree that if I later use or present similar or related materials, including excerpts from the presentation itself, I will not in any way designate them as, or indicate that they are or were, endorsed, sponsored, or approved by the APA; "from the APA;" or otherwise associated with the APA or the APA meetings.
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- **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all written consents, including but not limited to relevant patient consents, necessary for the APA to use them as described above and will provide all such consents to the APA no later than 30 days before the start of the activity.
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**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr Linda Chokroverty, MD**  
*(Please enter your full name)*  
**Digital Signature:** **Linda Chokroverty**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/15/22**





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## Division of Education

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### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr. Connor Darby, MD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

- Planner (e.g., planning committee, course director, editor, CE staff):

Faculty, Author  
Moderator, Panelist  
Content Reviewer  
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Describe your role if you selected "other" above:

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*Example: Pfizer Pharmaceuticals*

### Enter the Nature of the Financial Relationship

*[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]*

*Example: Consultant*

### Has the Relationship Ended?

*[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]*

✓

### In the past 24 months (select one):

I have had at least one financial relationships with a company and have indicated it in the box above

I have **NOT** had any financial relationships with companies as defined on this page.

## Additional Funding from Ineligible Companies

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## Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare

Complete these questions if you are an Executive, Employee, or Owner of a company whose products are related to healthcare and patient treatments:

(1) What is your title and role at the Company?

(2) Will the content of your presentation:

- Contain any references to the business lines or products of your employer/company? **N/A**
- Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? **N/A**

## PRESENTER / PLANNER RELEASE AND CONSENT FORM

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I hereby agree as follows:

- **Grant of Rights.** I hereby agree that all work product submitted or presented by me as part of this activity and all related intellectual property rights (including but not limited to patent, copyright, trademark, trade name, and trade secrets) shall be the property exclusively of the APA and, to the extent possible, will be considered a work made for hire within the meaning of Title 17 of the United States Code. To the extent that any work product does not qualify as a work made for hire, I hereby unconditionally and irrevocably assign and transfer to APA all rights to and ownership of such work product, and I agree to execute and deliver all documents reasonably requested by APA to perfect or protect APA's rights in such work product. In addition, I hereby grant to APA permission to use and publish my name, credentials, affiliations, abstracts and any other information relating to my presentation(s) in connection with the APA meeting. This permission is for worldwide, royalty-free use in print and electronic mediums. APA hereby grants me a perpetual, irrevocable, worldwide, unlimited license to use the work product submitted or presented by me as part of this activity.
- **Underlying Ideas.** I understand, and the APA acknowledges, that I retain my rights to the original ideas, data, and analyses reflected in my presentation and that I may freely discuss and develop them in other contexts. I agree that if I later use or present similar or related materials, including excerpts from the presentation itself, I will not in any way designate them as, or indicate that they are or were, endorsed, sponsored, or approved by the APA; "from the APA;" or otherwise associated with the APA or the APA meetings.
- **Publicity.** I grant the APA and its licensees and assigns the right to use my name, biographic material, voice, portrait, and likeness for the purpose of publicizing the meeting and any presentation being used pursuant to the rights granted above.
- **Compensation.** Unless explicitly agreed otherwise, I waive any and all compensation from the APA and its licensees or assigns for the grant or exercise of the rights granted above. I agree not to request or accept any compensation (including honoraria) for presenting at this meeting, or reimbursement for travel or other expenses associated with this presentation or attendance at this meeting, from any source that is not my direct employer.
- **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all written consents, including but not limited to relevant patient consents, necessary for the APA to use them as described above and will provide all such consents to the APA no later than 30 days before the start of the activity.
- **Indemnification.** I agree to hold the APA and its members, officers, directors, employees, agents, licensees, and assigns harmless and indemnify them for any costs, claims, or losses whatsoever (including reasonable attorney's fees and costs) which may arise, in whole or in part, out of my participation in this activity or the exercise of any of the rights granted above.

**By signing this form I commit to presenting a fair and balanced Continuing Education program and agree to the terms noted above.**

**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr. Connor Darby, MD**  
*(Please enter your full name)*  
**Digital Signature:** **William C Darby**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/14/22**







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## Division of Education

### Disclosure of Financial Relationships for Continuing Medical Education

*Required documentation related to disclosure of financial relationships with ineligible companies for planners, faculty, authors, applicable CME/CE staff, and content reviewers of CME/CE activities.*

### Information You Need To Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

#### Why We Ask:

Because the American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME), we require your assistance to comply with accreditation guidelines and help us create high-quality education that is independent of industry influence. To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this accredited CME/CE activity must disclose all financial relationships with all companies — whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients — over the past 24 months. **To confirm your participation in this CME activity, we ask that you complete and return this form within seven days of the receipt of this document.**

#### What to Disclose:

- There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, *not* those of your spouse or life partner.
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- Since healthcare professionals serve as the trusted authorities when advising patients, they must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.
- If the Division of Education determines that the financial relationships create a conflict of interest, the Division of Education also will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, etc.).
- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr Praveen Kambam, MD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

- Planner (e.g., planning committee, course director, editor, CE staff):

Faculty, Author  
Moderator, Panelist  
Content Reviewer  
Other specify below

Describe your role if you selected "other" above:

### Relationships with ineligible companies

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#### Enter Name of Company with Whom You Have a Financial Relationship

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*Example: Pfizer Pharmaceuticals*

#### Enter the Nature of the Financial Relationship

*[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]*

*Example: Consultant*

#### Has the Relationship Ended?

*[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]*

✓

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- **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all written consents, including but not limited to relevant patient consents, necessary for the APA to use them as described above and will provide all such consents to the APA no later than 30 days before the start of the activity.
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**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr Praveen Kambam, MD**  
*(Please enter your full name)*  
**Digital Signature:** **PK**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/15/22**





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## Division of Education

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### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr Michael MacIntyre, MD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

- Planner (e.g., planning committee, course director, editor, CE staff):

Faculty, Author  
Moderator, Panelist  
Content Reviewer  
Other specify below

Describe your role if you selected "other" above:

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*Example: Pfizer Pharmaceuticals*

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*Example: Consultant*

#### Has the Relationship Ended?

*[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]*

✓

#### In the past 24 months (select one):

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**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr Michael MacIntyre, MD**  
*(Please enter your full name)*  
**Digital Signature:** **Michael MacIntyre**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/14/22**







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## Division of Education

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### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Mr. Earl Magee,**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

- Planner (e.g., planning committee, course director, editor, CE staff):

Faculty, Author  
Moderator, Panelist  
Content Reviewer  
Other specify below

Describe your role if you selected "other" above:

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Example: Pfizer Pharmaceuticals  
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#### Enter the Nature of the Financial Relationship

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Example: Consultant

#### Has the Relationship Ended?

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**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Mr. Earl Magee,**  
*(Please enter your full name)*  
**Digital Signature:** **Earl E Magee**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/11/22**





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### Information You Need To Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

#### Why We Ask:

Because the American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME), we require your assistance to comply with accreditation guidelines and help us create high-quality education that is independent of industry influence. To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this accredited CME/CE activity must disclose all financial relationships with all companies — whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients — over the past 24 months. **To confirm your participation in this CME activity, we ask that you complete and return this form within seven days of the receipt of this document.**

#### What to Disclose:

- There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, *not* those of your spouse or life partner.
- We ask you to disclose all financial relationships regardless of whether or not you view the relationships as relevant to the CME activity. The Division of Education will determine if the information that you provide is relevant to the topics of the CME activity in which you will participate.
- Since healthcare professionals serve as the trusted authorities when advising patients, they must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.
- If the Division of Education determines that the financial relationships create a conflict of interest, the Division of Education also will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, etc.).
- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr Mark McConville, PhD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

Planner (e.g., planning committee, course director, editor, CE staff):

- ✓ Faculty, Author
- Moderator, Panelist
- Content Reviewer
- Other specify below

Describe your role if you selected "other" above:

### Relationships with ineligible companies

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the **name** of the ineligible company and the **nature** of the financial relationship(s). There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

#### Enter Name of Company with Whom You Have a Financial Relationship

*[An Ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products or services used by or on patients. Types of companies for which you must disclose your financial relationships are as follows: (1) biomedical startups that have begun a governmental regulatory approval process; (2) compounding pharmacies that manufacture proprietary compounds; (3) device manufacturers or distributors; (4) diagnostic labs that sell proprietary products; (5) growers, distributors, manufacturers or sellers of medical foods and dietary supplements; (6) manufacturers of health-related wearable products; (7) pharmaceutical companies or distributors; pharmacy benefit managers; and (8) reagent manufacturers or sellers.]*

*Example: Pfizer Pharmaceuticals*

#### Enter the Nature of the Financial Relationship

*[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]*

*Example: Consultant*

#### Has the Relationship Ended?

*[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]*

✓

#### In the past 24 months (select one):

I have had at least one financial relationships with a company and have indicated it in the box above

I have **NOT** had any financial relationships with companies as defined on this page.

### Additional Funding from Ineligible Companies

✓ I have not and will not accept any honoraria, additional payments or reimbursements directly from an ineligible company for my participation in this activity.

### Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare

Complete these questions if you are an Executive, Employee, or Owner of a company whose products are related to healthcare and patient treatments:

(1) What is your title and role at the Company?

(2) Will the content of your presentation:

- Contain any references to the business lines or products of your employer/company? **N/A**
- Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? **N/A**

### PRESENTER / PLANNER RELEASE AND CONSENT FORM

All presenters, speakers, panelists, and other participants at APA educational activities must agree to the terms and conditions in this Presenter/Planner Release and Consent form.

I hereby agree as follows:

- **Grant of Rights.** I hereby agree that all work product submitted or presented by me as part of this activity and all related intellectual property rights (including but not limited to patent, copyright, trademark, trade name, and trade secrets) shall be the property exclusively of the APA and, to the extent possible, will be considered a work made for hire within the meaning of Title 17 of the United States Code. To the extent that any work product does not qualify as a work made for hire, I hereby unconditionally and irrevocably assign and transfer to APA all rights to and ownership of such work product, and I agree to execute and deliver all documents reasonably requested by APA to perfect or protect APA's rights in such work product. In addition, I hereby grant to APA permission to use and publish my name, credentials, affiliations, abstracts and any other information relating to my presentation(s) in connection with the APA meeting. This permission is for worldwide, royalty-free use in print and electronic mediums. APA hereby grants me a perpetual, irrevocable, worldwide, unlimited license to use the work product submitted or presented by me as part of this activity.
- **Underlying Ideas.** I understand, and the APA acknowledges, that I retain my rights to the original ideas, data, and analyses reflected in my presentation and that I may freely discuss and develop them in other contexts. I agree that if I later use or present similar or related materials, including excerpts from the presentation itself, I will not in any way designate them as, or indicate that they are or were, endorsed, sponsored, or approved by the APA; "from the APA;" or otherwise associated with the APA or the APA meetings.
- **Publicity.** I grant the APA and its licensees and assigns the right to use my name, biographic material, voice, portrait, and likeness for the purpose of publicizing the meeting and any presentation being used pursuant to the rights granted above.
- **Compensation.** Unless explicitly agreed otherwise, I waive any and all compensation from the APA and its licensees or assigns for the grant or exercise of the rights granted above. I agree not to request or accept any compensation (including honoraria) for presenting at this meeting, or reimbursement for travel or other expenses associated with this presentation or attendance at this meeting, from any source that is not my direct employer.
- **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all written consents, including but not limited to relevant patient consents, necessary for the APA to use them as described above and will provide all such consents to the APA no later than 30 days before the start of the activity.
- **Indemnification.** I agree to hold the APA and its members, officers, directors, employees, agents, licensees, and assigns harmless and indemnify them for any costs, claims, or losses whatsoever (including reasonable attorney's fees and costs) which may arise, in whole or in part, out of my participation in this activity or the exercise of any of the rights granted above.

**By signing this form I commit to presenting a fair and balanced Continuing Education program and agree to the terms noted above.**

**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr Mark McConville, PhD**  
*(Please enter your full name)*  
**Digital Signature:** **Markj McConville**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/13/22**







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## Division of Education

### Disclosure of Financial Relationships for Continuing Medical Education

*Required documentation related to disclosure of financial relationships with ineligible companies for planners, faculty, authors, applicable CME/CE staff, and content reviewers of CME/CE activities.*

### Information You Need To Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

#### Why We Ask:

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#### What to Disclose:

- There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, *not* those of your spouse or life partner.
- We ask you to disclose all financial relationships regardless of whether or not you view the relationships as relevant to the CME activity. The Division of Education will determine if the information that you provide is relevant to the topics of the CME activity in which you will participate.
- Since healthcare professionals serve as the trusted authorities when advising patients, they must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.
- If the Division of Education determines that the financial relationships create a conflict of interest, the Division of Education also will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, etc.).
- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr. David Nover, MD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

- Planner (e.g., planning committee, course director, editor, CE staff):

Faculty, Author  
Moderator, Panelist  
Content Reviewer  
Other specify below

Describe your role if you selected "other" above:

### Relationships with ineligible companies

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the **name** of the ineligible company and the **nature** of the financial relationship(s). There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

Enter Name of Company with Whom You Have a Financial Relationship	Enter the Nature of the Financial Relationship	Has the Relationship Ended?
<i>[An Ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products or services used by or on patients. Types of companies for which you must disclose your financial relationships are as follows: (1) biomedical startups that have begun a governmental regulatory approval process; (2) compounding pharmacies that manufacture proprietary compounds; (3) device manufacturers or distributors; (4) diagnostic labs that sell proprietary products; (5) growers, distributors, manufacturers or sellers of medical foods and dietary supplements; (6) manufacturers of health-related wearable products; (7) pharmaceutical companies or distributors; pharmacy benefit managers; and (8) reagent manufacturers or sellers.]</i>	<i>[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]</i>	<i>[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]</i>
<i>Example: Pfizer Pharmaceuticals</i>	<i>Example: Consultant</i>	✓

#### In the past 24 months (select one):

- I have had at least one financial relationships with a company and have indicated it in the box above
- I have **NOT** had any financial relationships with companies as defined on this page.

### Additional Funding from Ineligible Companies

✓ I have not and will not accept any honoraria, additional payments or reimbursements directly from an ineligible company for my participation in this activity.

### Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare

Complete these questions if you are an Executive, Employee, or Owner of a company whose products are related to healthcare and patient treatments:

- (1) What is your title and role at the Company? **President**
- (2) Will the content of your presentation:
- Contain any references to the business lines or products of your employer/company? **N/A**
  - Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? **N/A**

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### PRESENTER / PLANNER RELEASE AND CONSENT FORM

All presenters, speakers, panelists, and other participants at APA educational activities must agree to the terms and conditions in this Presenter/Planner Release and Consent form.

I hereby agree as follows:

- **Grant of Rights.** I hereby agree that all work product submitted or presented by me as part of this activity and all related intellectual property rights (including but not limited to patent, copyright, trademark, trade name, and trade secrets) shall be the property exclusively of the APA and, to the extent possible, will be considered a work made for hire within the meaning of Title 17 of the United States Code. To the extent that any work product does not qualify as a work made for hire, I hereby unconditionally and irrevocably assign and transfer to APA all rights to and ownership of such work product, and I agree to execute and deliver all documents reasonably requested by APA to perfect or protect APA's rights in such work product. In addition, I hereby grant to APA permission to use and publish my name, credentials, affiliations, abstracts and any other information relating to my presentation(s) in connection with the APA meeting. This permission is for worldwide, royalty-free use in print and electronic mediums. APA hereby grants me a perpetual, irrevocable, worldwide, unlimited license to use the work product submitted or presented by me as part of this activity.
- **Underlying Ideas.** I understand, and the APA acknowledges, that I retain my rights to the original ideas, data, and analyses reflected in my presentation and that I may freely discuss and develop them in other contexts. I agree that if I later use or present similar or related materials, including excerpts from the presentation itself, I will not in any way designate them as, or indicate that they are or were, endorsed, sponsored, or approved by the APA; "from the APA;" or otherwise associated with the APA or the APA meetings.
- **Publicity.** I grant the APA and its licensees and assigns the right to use my name, biographic material, voice, portrait, and likeness for the purpose of publicizing the meeting and any presentation being used pursuant to the rights granted above.
- **Compensation.** Unless explicitly agreed otherwise, I waive any and all compensation from the APA and its licensees or assigns for the grant or exercise of the rights granted above. I agree not to request or accept any compensation (including honoraria) for presenting at this meeting, or reimbursement for travel or other expenses associated with this presentation or attendance at this meeting, from any source that is not my direct employer.
- **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all written consents, including but not limited to relevant patient consents, necessary for the APA to use them as described above and will provide all such consents to the APA no later than 30 days before the start of the activity.
- **Indemnification.** I agree to hold the APA and its members, officers, directors, employees, agents, licensees, and assigns harmless and indemnify them for any costs, claims, or losses whatsoever (including reasonable attorney's fees and costs) which may arise, in whole or in part, out of my participation in this activity or the exercise of any of the rights granted above.

**By signing this form I commit to presenting a fair and balanced Continuing Education program and agree to the terms noted above.**

**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr. David Nover, MD**  
*(Please enter your full name)*  
**Digital Signature:** **David A. Nover, M.D.**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/15/22**





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## Division of Education

### Disclosure of Financial Relationships for Continuing Medical Education

*Required documentation related to disclosure of financial relationships with ineligible companies for planners, faculty, authors, applicable CME/CE staff, and content reviewers of CME/CE activities.*

### Information You Need To Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

#### Why We Ask:

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- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr Jessica Pierce, MD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

Planner (e.g., planning committee, course director, editor, CE staff):

- ✓ Faculty, Author
- Moderator, Panelist
- Content Reviewer
- Other specify below

Describe your role if you selected "other" above:

### Relationships with ineligible companies

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#### Enter Name of Company with Whom You Have a Financial Relationship

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*Example: Pfizer Pharmaceuticals*

#### Enter the Nature of the Financial Relationship

*[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]*

*Example: Consultant*

#### Has the Relationship Ended?

*[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]*

✓

#### In the past 24 months (select one):

I have had at least one financial relationships with a company and have indicated it in the box above

I have **NOT** had any financial relationships with companies as defined on this page.

### Additional Funding from Ineligible Companies

✓ I have not and will not accept any honoraria, additional payments or reimbursements directly from an ineligible company for my participation in this activity.

### Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare

Complete these questions if you are an Executive, Employee, or Owner of a company whose products are related to healthcare and patient treatments:

(1) What is your title and role at the Company?

(2) Will the content of your presentation:

- Contain any references to the business lines or products of your employer/company? **N/A**
- Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? **N/A**

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- **Underlying Ideas.** I understand, and the APA acknowledges, that I retain my rights to the original ideas, data, and analyses reflected in my presentation and that I may freely discuss and develop them in other contexts. I agree that if I later use or present similar or related materials, including excerpts from the presentation itself, I will not in any way designate them as, or indicate that they are or were, endorsed, sponsored, or approved by the APA; "from the APA;" or otherwise associated with the APA or the APA meetings.
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- **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all written consents, including but not limited to relevant patient consents, necessary for the APA to use them as described above and will provide all such consents to the APA no later than 30 days before the start of the activity.
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**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr Jessica Pierce, MD**  
*(Please enter your full name)*  
**Digital Signature:** **JP**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/11/22**







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## Division of Education

### Disclosure of Financial Relationships for Continuing Medical Education

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### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr. Ellen Platt, MD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

- Planner (e.g., planning committee, course director, editor, CE staff):

Faculty, Author  
Moderator, Panelist  
Content Reviewer  
Other specify below

Describe your role if you selected "other" above:

## Relationships with ineligible companies

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### Enter Name of Company with Whom You Have a Financial Relationship

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*Example: Pfizer Pharmaceuticals*

### Enter the Nature of the Financial Relationship

*[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]*

*Example: Consultant*

### Has the Relationship Ended?

*[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]*

✓

### In the past 24 months (select one):

I have had at least one financial relationships with a company and have indicated it in the box above

I have **NOT** had any financial relationships with companies as defined on this page.

## Additional Funding from Ineligible Companies

✓ I have not and will not accept any honoraria, additional payments or reimbursements directly from an ineligible company for my participation in this activity.

## Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare

Complete these questions if you are an Executive, Employee, or Owner of a company whose products are related to healthcare and patient treatments:

(1) What is your title and role at the Company? **Platt Psychiatric Associates LLC**

(2) Will the content of your presentation:

- Contain any references to the business lines or products of your employer/company? **N/A**
- Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? **N/A**

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I hereby agree as follows:

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- **Publicity.** I grant the APA and its licensees and assigns the right to use my name, biographic material, voice, portrait, and likeness for the purpose of publicizing the meeting and any presentation being used pursuant to the rights granted above.
- **Compensation.** Unless explicitly agreed otherwise, I waive any and all compensation from the APA and its licensees or assigns for the grant or exercise of the rights granted above. I agree not to request or accept any compensation (including honoraria) for presenting at this meeting, or reimbursement for travel or other expenses associated with this presentation or attendance at this meeting, from any source that is not my direct employer.
- **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all written consents, including but not limited to relevant patient consents, necessary for the APA to use them as described above and will provide all such consents to the APA no later than 30 days before the start of the activity.
- **Indemnification.** I agree to hold the APA and its members, officers, directors, employees, agents, licensees, and assigns harmless and indemnify them for any costs, claims, or losses whatsoever (including reasonable attorney's fees and costs) which may arise, in whole or in part, out of my participation in this activity or the exercise of any of the rights granted above.

**By signing this form I commit to presenting a fair and balanced Continuing Education program and agree to the terms noted above.**

**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Ellen M. Platt, DO**  
*(Please enter your full name)*  
**Digital Signature:** **EMP**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/15/22**





This form cannot be edited.

It was finalized on 2022-03-15 09:57:52

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## Division of Education

### Disclosure of Financial Relationships for Continuing Medical Education

*Required documentation related to disclosure of financial relationships with ineligible companies for planners, faculty, authors, applicable CME/CE staff, and content reviewers of CME/CE activities.*

### Information You Need To Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

#### Why We Ask:

Because the American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME), we require your assistance to comply with accreditation guidelines and help us create high-quality education that is independent of industry influence. To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this accredited CME/CE activity must disclose all financial relationships with all companies — whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients — over the past 24 months. **To confirm your participation in this CME activity, we ask that you complete and return this form within seven days of the receipt of this document.**

#### What to Disclose:

- There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, *not* those of your spouse or life partner.
- We ask you to disclose all financial relationships regardless of whether or not you view the relationships as relevant to the CME activity. The Division of Education will determine if the information that you provide is relevant to the topics of the CME activity in which you will participate.
- Since healthcare professionals serve as the trusted authorities when advising patients, they must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.
- If the Division of Education determines that the financial relationships create a conflict of interest, the Division of Education also will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, etc.).
- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

### Disclosure Form Required By The ACCME Standards for Integrity and Independence

Name of Individual: **Dr Shady Shebak, MD**

Title of CME/CE program: **2022 Annual Meeting**

Date and Location of the CME Program (or if an enduring material, the date of release): **Live**

#### Individual's Role(s) in This Educational Activity (check all that apply):

- Planner (e.g., planning committee, course director, editor, CE staff):

- Faculty, Author
- ✓ Moderator, Panelist
- Content Reviewer
- Other specify below

Describe your role if you selected "other" above:

### Relationships with ineligible companies

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the **name** of the ineligible company and the **nature** of the financial relationship(s). There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

#### Enter Name of Company with Whom You Have a Financial Relationship

*[An Ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products or services used by or on patients. Types of companies for which you must disclose your financial relationships are as follows: (1) biomedical startups that have begun a governmental regulatory approval process; (2) compounding pharmacies that manufacture proprietary compounds; (3) device manufacturers or distributors; (4) diagnostic labs that sell proprietary products; (5) growers, distributors, manufacturers or sellers of medical foods and dietary supplements; (6) manufacturers of health-related wearable products; (7) pharmaceutical companies or distributors; pharmacy benefit managers; and (8) reagent manufacturers or sellers.]*

Example: Pfizer Pharmaceuticals

#### Enter the Nature of the Financial Relationship

*[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.]*

Example: Consultant

#### Has the Relationship Ended?

*[If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. The Division of Education will use this information to determine if any mitigation steps need to be taken]*

✓

#### In the past 24 months (select one):

I have had at least one financial relationships with a company and have indicated it in the box above

I have **NOT** had any financial relationships with companies as defined on this page.

### Additional Funding from Ineligible Companies

✓ I have not and will not accept any honoraria, additional payments or reimbursements directly from an ineligible company for my participation in this activity.

### Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare

Complete these questions if you are an Executive, Employee, or Owner of a company whose products are related to healthcare and patient treatments:

(1) What is your title and role at the Company? **Core Psych, PLLC**

(2) Will the content of your presentation:

- Contain any references to the business lines or products of your employer/company? **No**
- Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? **No**

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**Course Title:** 2022 Annual Meeting  
**Course Date:** April 02, 2022  
**Name of Faculty:** **Dr Shady Shebak, MD**  
*(Please enter your full name)*  
**Digital Signature:** **Shady Shebak**  
*(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)*  
**Date:** **03/15/22**

