

BIOGRAPHICAL DATA FORM AND FINANCIAL INTEREST DISCLOSURE

This form may be duplicated. Complete ONE form for EACH instructor (DO NOT SEND CV). Please print.

COURSE TITLE: _____

NAME: _____

Preferred Mailing Address: _____

Preferred Telephone: _____

Preferred Email: _____

EMPLOYER: _____

Address: _____

Daytime Telephone: _____

Fax: _____

Present Position: _____

PROFESSIONAL LICENSE OR CERTIFICATION(S) (Check all that apply)

- MD DO OD COA COT COMT ROUB CDOS CCOA
 RN LPN/LVN CRNO CRA CO OC(C) ABO NCLE Other: _____

EDUCATION (POST HIGH SCHOOL): (Include basic preparation through highest degree held.)

DEGREE	INSTITUTION (NAME, CITY, STATE)	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED
1.			
2.			
3.			

CURRENT AREA(S) OF SPECIALIZATION OR CONCENTRATION (Check all that apply)

- Administration Education Neuro-ophthalmology Refractive Surgery
 Cataracts General ophthalmology Pediatrics/strabismus Research Other _____
 Cornea Glaucoma Plastics Retina _____

BIOGRAPHY: Briefly describe your professional experience, area(s) of expertise, and any certifications, including publications, which qualify you to teach this course. *(DO NOT SEND CV.)*

FINANCIAL INTEREST DISCLOSURE

For the purpose of this **Financial Interest Disclosure**, “Designated Company” means an entity related directly or indirectly to the manufacture or distribution of lenses, pharmaceuticals, medical devices or instruments, or vision care products or services commonly utilized by ophthalmologists.

Check all boxes that apply and sign below.

- Yes No I, or a member of my family, or my professional partnership or corporation, or my employer, or co-instructor(s) / co-author(s), currently or within the preceding twelve (12) months have had a financial interest in Designated Company, or a financial relationship, or advisory capacity with any Designated Company or entity related to my presentation, poster, or submitted manuscript.

Complete the following if applicable:

- Stock shareholder
 Consultant, advisor, or employee (compensated or non-compensated)
 Educational grant or research funds
 Received free/discounted products or services
 Received travel stipend or honoraries
 Participated as a member of an advisory panel
 Corporate Sponsor

Company Name: _____

Company Name: _____

Company Name: _____

Company Name: _____

Company Name: _____

Company Name: _____

Company Name: _____

SIGNATURE: By mail or fax Signature of Instructor: _____

Date: _____

SIGNATURE: By email This serves as an official signature of authentication for all claims and information included in this form.

By checking this box, I verify that the content within this document is valid and factual.

Date: _____

SPEAKER CODE OF CONDUCT AND RESPONSIBILITY

As the leading provider of Continuing Education Credits (CEC), the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) is obligated to ensure fair balance and objectivity is provided in all of its sponsored educational activities and to those CE activities that have received JCAHPO credit. Further, it is our intent that any financial/commercial interest or conflict of interest a speaker has is disclosed to JCAHPO and all participants of the program.

By agreeing to participate as a speaker for JCAHPO, or any JCAHPO-approved educational activity, you agree to exercise particular care so that no detriment to JCAHPO will result between your financial or commercial interest in another organization or product, your consulting work for another organization, that you will not promote your own personal bias upon attendees, and that you will not sell and/or solicit from the podium, or at any time during the program, for your own personal and/or financial gain.

Speakers have an obligation to attendees to provide the highest level of relevant education/learning materials and not their own personal beliefs or philosophies. Speakers are encouraged to acknowledge the fact that the audience will be comprised of all races, ages, genders, disabilities, and political affiliations. Every attendee deserves a safe and comfortable learning environment free from any sexist or discriminatory innuendos or language.

I have read, understand, and agree to comply with, the above statement and to the best of my ability, agree to be bound by the “Speaker Code of Conduct and Responsibility.”

Name – please print

SIGNATURE: By mail or fax Signature of Instructor: _____ Date: _____

SIGNATURE: By email This serves as an official signature of authentication for all claims and information included in this form. By checking this box, I verify that the content within this document is valid and factual. Date: _____