

UNIVERSITY OF PITTSBURGH - RSTCE Program SPEAKER'S CODE OF ETHICS AND DISCLOSURE FORM

_____: I agree to demonstrate high standards of professional conduct and will **not** discriminate
(initials) against learners based on gender, age, socioeconomic or ethnic background, religion, sexual orientation or disability.

_____: I confirm that my educational offering is based upon the learning objectives that were
(initials) submitted with the CEU application.

_____: I confirm the learning material is original work and that external supporting subject content will
(initials) be acknowledged and properly referenced. I also confirm that any necessary written permissions have been obtained for the use of photos (such as photo releases for specific case studies) or copyrighted material.

The University of Pittsburgh's Rehabilitation Science and Technology Continuing Education (RSTCE) Program strives to insure balance, independence, objectivity, and scientific rigor in all of its approved educational activities. All individuals in a position to control the content of an educational activity approved by the University of Pittsburgh RSTCE Program **must disclose the name of all proprietary entities producing healthcare goods or services with which they have financial relationships as well as the nature of these relationships.** It is not necessary to disclose relationships with non-profit or government organizations or proprietary entities that do not produce healthcare goods or services. Relationships of immediate family members with proprietary entities producing healthcare goods or services should be disclosed if they are of a nature that may influence the objectivity of the individual in a position to control the content of the continuing education activity.

Please note: Being affiliated with or employed by a company or entity that has commercial interest does not preclude you from presenting. Rather this must be disclosed in order for the learner to be aware and develop their own opinion of the content.

Title of RSTCE Activity: _____

Date of RSTCE Activity: _____

Affiliation / Financial Disclosure:

- I have no relationships with proprietary entities producing healthcare goods or services.
- I have financial interests with the following proprietary entity or entities producing healthcare goods or services as indicated below:
- I am receiving an honorarium, travel expenses, or other payment for my expenses for this presentation and **will fully disclose this information at the start of my presentation.**

Check All That Apply	Name of Proprietary Entity(ies)
<input type="checkbox"/> I am an employee of a commercial entity	_____
<input type="checkbox"/> Grant/Research Support	_____
<input type="checkbox"/> Consultant	_____
<input type="checkbox"/> Promotional Speakers' Bureau	_____
<input type="checkbox"/> Stockholder	_____
<input type="checkbox"/> Other – Specify:	_____

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I attest that the information above is accurate to the best of my knowledge. I also agree to abide by all policies of the RSTCE Program at the University of Pittsburgh and University of Pittsburgh Medical Center, including those related to patient privacy. I agree that all elements of the educational activity for which I am responsible will be balanced, based upon the best available scientific evidence, and free of commercial influence.

PRINT OR TYPE NAME: _____
SIGNATURE: _____
DATE: _____


