

**American Academy of Allergy, Asthma and Immunology (AAAAI)  
FACULTY AND SPEAKER ATTESTATIONS**

**Date:**  
**Name:**  
**Role:**  
**Title of Presentation:**

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

**Agree      Disagree**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have disclosed to the AAAAI all relevant relationships, and I will disclose this information to learners verbally (for live activities) and in print.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the AAAAI.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that the AAAAI may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.   |

**Agree   Disagree   N/A**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I agree that immediately after my presentation title slide I will include a disclosure slide, listing all my relevant relationships, which will then be verbally reviewed by me.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I am presenting at a live event, I understand that a CME monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.  |

**I have carefully read and considered each item in this form, and have completed it to the best of my ability.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please return to AAAAI, Attn: Lori Rathje, via fax: 414-272-6070.*