## Financial Relationship Disclosure for CME Presenters, Panelists, Moderators



| Name   | Terelyn Anderson                       |
|--|--|
| Role (e.g., Planning Committee Member, CME Committee Chair, Activity Director) | Presenter                              |
| Activity or Conference Title   | 2022 Pediatric Feeding Symposium       |
| Activity Date OR Planning Year for which Disclosure is Valid                   | September 8, 2022 to September 9, 2022 |

The purpose of this form is to identify and resolve all potential conflicts of interests that arise from financial relationships with ineligible companies. The ACCME defines an ineligible company as **any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.** The ACCME considers financial relationships a conflict of interest when individuals have both a financial relationship with an ineligible company and the opportunity to affect the content of CME.

Please indicate any **relevant** financial relationships with commercial interests you have had within the last 24 months relating to the content of the educational activity. Note: The ACCME does not consider providers of clinical services directly to patients to be commercial interests unless the provider is owned or controlled by a commercial interest.

☐ By checking this box, I affirm that I will notify the UMA Foundation if my financial relationships change and will submit a new disclosure form for activities in which I have control of content.

## CHECK ONE OF THE BOXES BELOW:

| CHECK ONL OF THE BOXES B  | LLOVV.   |  |  |  |  |
|---|--|--|--|--|--|
|   | relationships with any entity pr<br>consumed by, or used on, patie | oducing, marketing, re-selling, or distributing nts. |  |  |  |
| ■ I disclose the following relevant financial relationship(s) with entities entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients: |  |  |  |  |  |
| Company   | Type of Relationship*  | Product/Clinical Area                                |  |  |  |
| Intermountain Health Care   | Employee (salary)  | Clinical Dietitian                                   |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

(Attach an additional sheet if necessary.)

\*Type of relationship may include independent contractor, consultant, advisory committee, board membership, expert panel, research or other grant recipient, paid speaker or teacher, membership on advisory committees or review panels, intellectual property/patent holder, ownership interest (product royalty/licensing fees, owning stocks, shares, etc) or any other financial relationship.

/ Prelyn Anderson Terelyn Anderson (Jul 5, 2022 09:45 MDT)

Signature & Date

Continue to the next page

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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      | Disa   | ngree  |  |  |  |  |
|------------|--------|--|--|--|--|--|
|            |        | 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 balanced, evidence-based, and unbiased. |  |  |  |  |
|            |        | I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the UMA Foundation and/or its educational partner.  |  |  |  |  |
|            |        | I understand that the UMA Foundation and/or its educational partner 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 I    | Disag  | ree N/   | A  |  |  |  |
|            |        |  | If I am presenting at a live event, I understand that a CME monitor may attend the event to ensure that my presentation is educational and not promotional in nature.  |  |  |  |
|            |        |  | If I am providing recommendations involving clinical medicine, the recommendations 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 support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. |  |  |  |
|            |        |  | 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.   |  |  |  |
|            |        |  | 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.   |  |  |  |
|            |        |  | 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 in my presentation.   |  |  |  |
|            |        |  | 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     | carefu | ully rea   | ad and considered each item in this form and have completed it to the best of my ability.  |  |  |  |
| Terelyn Ar | lyn,   | <i>Ande</i><br>(Jul 5, 202   | <i>YSON</i>  |  |  |  |

Signature & Date