Title of CME Activity: **Ohio Urological Society Annual Meeting** Location of Activity: **Nashville, TN**

Activity Number/Date: **April 12-13, 2019**

Name *(please print)*:  [ ]  CME Organizer [x]  Presenter

**Instructions: CME Organizers** *(planning committee members, course contacts and course directors)* Complete questions 1, 2, and 4A, sign and date below.

 **Presenters and Authors:** Complete questions 3-5, sign and date below.

**CME Organizers Only:**

By signing this document, I agree to the following elements as expected of individuals involved in the planning and implementation of educational activities certified by the American College of Legal Medicine.

1. [ ]  This activity is for scientific and educational purposes only and will not promote any specific proprietary business.

2. [ ]  Topics and speakers were selected free of the control of a commercial interest.

***Proceed to question 4. A. Sign and date below***

**CME Presenters:** Presenters must answer questions 3-5, sign and date below

By signing this document, I agree to the following elements as expected of individuals involved in the planning and implementation of educational activities certified by the American College of Legal Medicine.

**3. All CME speakers must read, agree, and check all the following statements. I will:**

[ ]  Teach to the competencies identified by objectives

[ ]  Deliver balanced and objective evidence-based content

[ ]  Present the source and type or level of evidence *(e.g. common practice, expert opinion, case series, case­control study, clinical guidelines, randomized controlled trial, systematic review, meta analysis, etc.)*

[ ]  Disclose all related financial relationships

[ ]  Notify participants of any off-label or investigational treatments discussed within my presentation or during the question and answer period

**4. A. I or my spouse/partner presently (Within the past 12 months) have relevant financial relationships with a commercial interest(s) as identified below:** *[Please indicate the full name of the commercial interest(s)/organization(s) next to the best description of the relationship(s).]*

[ ]  Grants/research support:

[ ]  Consultant

[ ]  Stock shareholder (directly purchased):

[ ]  Honorarium

[ ]  Other financial of material support

[ ]  Employee of a commercial interest organization

[ ]  None (If none skip to question 5)

4. B. Will your presentation(s) include discussion of any products or services from the above listed commercial interests? [ ]  Yes, it will [ ]  No, it will not

5. I will make clinical recommendations in this/these presentation(s). [ ]  Yes, I will [ ]  No, I will not

CME Organizer/Presenter Signature Date

E-mail Address Telephone number