

<p style="text-align: center;">CONTINUING MEDICAL EDUCATION</p>	 <p><b>THE UNIVERSITY OF ARIZONA</b> Arizona Health Sciences Center</p>	<p style="text-align: right;">PO Box 245121 Tucson, AZ, 85724-5121 (520)626-7832 FAX (520)626-2427 <a href="mailto:uofacme@u.arizona.edu">uofacme@u.arizona.edu</a> <a href="http://www.ocme.arizona.edu">www.ocme.arizona.edu</a></p>
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**DISCLOSURE STATEMENT 2008 - 2009**

**Activity Title:** 8 week MBRP\_      **April 20-June 15, 2009**  
**Date(s)**

**Faculty Name:** Lisa Dale Miller, MFT  
*(Please Print)*

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As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), The University of Arizona College of Medicine at the Arizona Health Sciences Center must ensure balance, independence, objectivity and scientific rigor in all its sponsored educational activities. All presenters must disclose to the activity audience any significant financial interest or other relationships that may affect the presentation.

The intent of this disclosure is not to prevent faculty with a significant financial or other relationship from presenting, but to provide listeners the information to form their own judgements. It is for the audience to decide if the speaker’s interest or relationships may effect the presentation in regard to exposition or conclusion.

Glossary of Terms

- **Commercial Interest**-The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.
- **Financial Relationships**-Financial relationships are those relationships in which benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.
- **Relevant Financial Relationships**-ACCME focuses on financial relationships with commercial interests in the 12-month period proceeding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant” financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- **Conflict of Interest**-Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

Will your presentation include discussion of any:

Commercial products or devices with whom you and/or family members have a relationship?     NO      · YES  
If yes, please identify \_\_\_\_\_

Unlabeled/investigational drug use?     NO      · YES    If yes, please identify \_\_\_\_\_

If yes, to either and/or both questions, I will disclose the above to the audience during my presentation

I and/or family members have no financial interest, arrangement or affiliation that would constitute a conflict of interest.

I and/or family members have a financial interest, arrangement or affiliation with the following corporate organizations:

<u>Affiliation/Financial Interest</u>	<u>Name of Corporate Organization</u>
Grant/Research Support	_____
Consultant	_____
Speakers Bureau	_____

Major Stock Shareholder \_\_\_\_\_

Other Financial or Material Support \_\_\_\_\_

I have read the above and the Disclosure Policy and agree to abide by it:

Signature: \_\_\_\_\_  \_\_\_\_\_

Date: \_\_4/8/09\_\_

Rev:6/08; 7/07;3/06;1/05; 5/04,2/03; 8/01;12/99