

Division of Education

Continuing Education Disclosure Form

In compliance with ACCME's Standards for Commercial Support, the APA, provider of CME activities, has a disclosure process to ensure that everyone who is in a position to control the content of the educational activity has disclosed all financial relationships with any commercial interest within the past twelve months (see glossary definitions). The APA has mechanisms in place to identify and resolve all conflicts of interest prior to an educational activity.

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DISCLOSURE OF FINANCIAL OR OTHER RELEVANT RELATIONSHIPS



Neither I nor my spouse/partner has any financial relationships with commercial interest.



I or my spouse/partner has a relevant financial relationship(s) with commercial interest(s). I will list these below.

Full Disclosure Index

List the name(s) and nature of relationship(s) with commercial interest(s) within the past 12 months.

Stock:

Consultant:

Employee:

Speaker's

Bureau:

Grant/Research:

Other:

For Faculty/Speakers

DISCLOSURE OF DISCUSSION OF "OFF-LABEL" OR INVESTIGATIONAL USES OF DRUGS AND DEVICES

If I plan to discuss unapproved uses of a commercial product, or investigational use of a product not yet approved for this purpose, during my presentation(s), I **Will Not** disclose this off-label use during my presentation.

For Planners

RECUSAL FROM PLANNING ACTIVITIES

I **Will** recuse myself from any discussions where a potential bias could exist.

By signing this form I commit to presenting a fair and balanced CME program.

Course Title:

PsychSummit

Course Date:	August 23, 2020
Role In Course:	Faculty
Name of Faculty:	Dr Vicente Liz, MD <i>(Please enter your full name)</i>
Digital Signature:	VLD <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/10/20

ACCME Glossary of Terms

Commercial Interest

The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Financial relationships

Financial relationships are those relationships in which the individual 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

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Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content regarding products or services of a commercial interest with which he/she has a financial relationship.

timestamp: 2020-07-10 12:04:31PT

IP address:199.83.63.53

Division of Education

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Full Disclosure Index

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I work for AccessCare through a contract with University of Colorado. Theoretically if AccessCare distributed B Shares University of Colorado owns these through my contract and would decide how to dispose of these. AccessCare ever distributes which Accesscare provides both telehealth technologies and telemental health clinical services.

Stock:

Consultant:

Accesscare provides both telehealth technologies and telemental health clinical services. I serve as CMO of Accesscare in my role at the University of Colorado through a contract between these organizations. I will not discuss AccessCare technologies or services in my APA presentations.

Employee:

Speaker's
Bureau:

Grant/Research:

Other:

For Faculty/Speakers

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Course Title: PsychSummit
Course Date: August 23, 2020
Role In Course: Faculty
Name of Faculty: Dr. Jay Shore,MD
(Please enter your full name)
Digital Signature: JS
(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)
Date: 07/17/20

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Conflict of Interest

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timestamp: 2020-07-17 09:26:28PT

IP address:99.198.33.12

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Full Disclosure Index

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Stock:

Consultant:

Employee:

Speaker's

Bureau:

Grant/Research: **Research supported in part, by the National Institute of Mental Health (NIMH), National Institute of Aging (NIA), Harvard Deans Aging Initiative, Once Upon a Time Foundation, Massachusetts Institute of Technology, Stein Institute for Research on Aging, UCSD RPC iPad Project and the John A. Hartford Foundation**

Other: **Honorarium from the American Journal of Geriatric Psychiatry for editorial role.**

For Faculty/Speakers

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Course Title:	PsychSummit
Course Date:	August 23, 2020
Role In Course:	Faculty
Name of Faculty:	Dr Ipsit Vahia, MD <i>(Please enter your full name)</i>
Digital Signature:	IVV <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/22/20

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Conflict of Interest

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timestamp: 2020-07-22 10:56:19PT

IP address:108.20.208.222

Division of Education

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Full Disclosure Index

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Stock:

Consultant:

Employee:

I am an employee of Pearson, inc which sells a range of psychological assessments. However, I am not part of that division of Pearson and my clinical research is separate from anything done for Pearson.

Speaker's

Bureau:

Grant/Research:

Other:

For Faculty/Speakers

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Course Title:

PsychSummit

Course Date:	August 23, 2020
Role In Course:	Faculty
Name of Faculty:	Dr Peter Foltz, PhD <i>(Please enter your full name)</i>
Digital Signature:	PWF <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/10/20

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Conflict of Interest

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timestamp: 2020-07-10 12:11:51PT

IP address:67.176.36.91

Division of Education

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Full Disclosure Index

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Stock:

Consultant:

Employee:

Speaker's

Bureau:

Grant/Research: **Otsuka**

Other:

For Faculty/Speakers

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Course Title: PsychSummit

Course Date: August 23, 2020

Role In Course:	Faculty
Name of Faculty:	Dr. John Torous, MD <i>(Please enter your full name)</i>
Digital Signature:	John Torous <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/10/20

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Conflict of Interest

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timestamp: 2020-07-10 11:44:13PT

IP address:134.174.110.14

Division of Education

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Full Disclosure Index

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Stock:

Consultant:

Employee:

Speaker's

Bureau:

Grant/Research:

Other:

For Faculty/Speakers

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Course Title: PsychSummit

Course Date: August 23, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Noshene Ranjbar, MD <i>(Please enter your full name)</i>
Digital Signature:	NER <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/10/20

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Conflict of Interest

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timestamp: 2020-07-10 17:16:00PT

IP address:150.135.165.1

Division of Education

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Stock: N/A

Consultant: N/A

Employee: N/A

Speaker's
Bureau: N/A

Grant/Research: N/A

Other: N/A

For Faculty/Speakers

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Course Title: PsychSummit

Course Date: August 23, 2020

Role In Course:	Faculty
Name of Faculty:	Dr. Shawn Singh Sidhu, M.D. <i>(Please enter your full name)</i>
Digital Signature:	Shawn Singh Sidhu, M.D. <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/13/20

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timestamp: 2020-07-13 09:57:10PT

IP address:8.43.114.254

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Course Title: PsychSummit

Course Date: August 23, 2020

Role In Course:	Faculty
Name of Faculty:	Dr. Vivian Pender, MD <i>(Please enter your full name)</i>
Digital Signature:	VP <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/17/20

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timestamp: 2020-07-17 13:12:03PT

IP address:24.115.176.219

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DISCLOSURE OF FINANCIAL OR OTHER RELEVANT RELATIONSHIPS

Neither I nor my spouse/partner has any financial relationships with commercial interest.

I or my spouse/partner has a relevant financial relationship(s) with commercial interest(s). I will list these below.

Full Disclosure Index

List the name(s) and nature of relationship(s) with commercial interest(s) within the past 12 months.

Stock:

Consultant: **Advanced Recovery Systems, RANE Crisis Network**

Employee:

Speaker's

Bureau:

Grant/Research:

Other:

For Faculty/Speakers

DISCLOSURE OF DISCUSSION OF "OFF-LABEL" OR INVESTIGATIONAL USES OF DRUGS AND DEVICES

If I plan to discuss unapproved uses of a commercial product, or investigational use of a product not yet approved for this purpose, during my presentation(s), I **Will Not** disclose this off-label use during my presentation.

For Planners

RECUSAL FROM PLANNING ACTIVITIES

I **Will** recuse myself from any discussions where a potential bias could exist.

By signing this form I commit to presenting a fair and balanced CME program.

Course Title: PsychSummit

Course Date: August 23, 2020

Role In Course:	Faculty
Name of Faculty:	Craig L. Katz <i>(Please enter your full name)</i>
Digital Signature:	Craig L. Katz <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/10/20

ACCME Glossary of Terms

Commercial Interest

The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Financial relationships

Financial relationships are those relationships in which the individual 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.

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Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content regarding products or services of a commercial interest with which he/she has a financial relationship.

timestamp: 2020-07-10 11:19:42PT

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Full Disclosure Index

List the name(s) and nature of relationship(s) with commercial interest(s) within the past 12 months.

Stock:

Consultant: **I am a consultant for ViacomCBS**

Employee: **1987**

Speaker's

Bureau:

Grant/Research:

Other: **I am a freelance writer for Conde Nast, Meredith Corporation, and Forbes.**

For Faculty/Speakers

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Course Title: PsychSummit

Course Date: August 23, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Jessi Gold, MD MS <i>(Please enter your full name)</i>
Digital Signature:	Jessica Gold <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/19/20

ACCME Glossary of Terms

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Conflict of Interest

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Grant/Research:

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Course Title: PsychSummit

Course Date: August 23, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Michael McClurkin, MD <i>(Please enter your full name)</i>
Digital Signature:	Michael Anthony McClurkin <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/24/20

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Course Title: PsychSummit

Course Date: August 23, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Joshua C. Morganstein, MD <i>(Please enter your full name)</i>
Digital Signature:	Joshua Morganstein <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/10/20

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Course Title: PsychSummit

Course Date: August 23, 2020

Role In Course:	Faculty
Name of Faculty:	Dr Jessica Isom, MD <i>(Please enter your full name)</i>
Digital Signature:	JI <i>(Please enter your initials, this serves as your electronic signature that you attest to the information submitted above)</i>
Date:	07/17/20

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