CONTINUING EDUCATION PROVIDER
DISCLOSURE FORM

Your participation as a C.E. lecturer is appreciated and vital in maintaining the quality of our system. In accordance with the Standards of the Accreditation Council for Continuing Medical Education, an interest or affiliation with a corporate organization does not in any way diminish or prevent a speaker from appearing; however, the relationship must be made known in advance to the audience. In addition, Continuing Education (C.E.) sessions provided to Fresno, Kings, Madera and/or Tulare Emergency Medical Services personnel must be consistent with EMS policies. Please give an objective lecture and refrain from endorsing any product or facility when providing C.E.

Program Title: _______________________________________________________________

Name: ________________________________________________________________

1. I have a financial interest/arrangement or affiliation with the corporation or other organization(s) involved with the Central California Emergency Medical Services Agency (CCEMSA) as listed below:

   a. Employee of, or Contractor with, a Hospital or EMS Provider Agency
   b. Affiliation/Financial Interest
   c. Consultant
   d. Stock Shareholder
   e. Grant/Research Support
   f. Speaker’s Bureau
   g. Other Financial or Material Interest

   Name of Corporation(s)/Organization(s)                      Relationship
   (a-g from list above)

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
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   Signature: ___________________________________________  Date:  ____________________

2. I do not have any financial arrangements or affiliations with any commercial organization involved with CCEMSA.

   Signature: ___________________________________________  Date:  ____________________