**Medical Education and Research Department**

Medical Training Section

**إدارة التعليم الطبي والأبحاث**

قسم التدريب الطبي

**Presentation/Speaker Declaration Form**

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| **General Information** |
| CPD Program Name:      | Program Date:      | Location:      |
| Speaker Name:      |
| Presentation Title:      | Presentation Date:      | Presentation Time:From:       To:      |
| Speaker’s contact number:      | E-Mail Address:      |
| Outline/Abstract of the presentation:*
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*
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Please tick the related box:

|  |  |  |
| --- | --- | --- |
| **Statement** | **Agree** | **Disagree** |
| The content and/or presentation of the information with which I am involved will promote quality & improvements in practice 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 well-balanced, evidence-based and unbiased. | **[ ]**  | **[ ]**  |
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| If I am presenting at a live event, I understand that a DHA Accreditation member may be attending the event to ensure that my presentation is educational, and not promotional, in nature. | **[ ]**  | **[ ]**  |
| If I am discussing specific 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 have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation will not be included in any way with/within this activity. | **[ ]**  | **[ ]**  |
| 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, the undersigned declare that neither I, nor any member of my family has any financial arrangement or affiliation with any corporate organization offering financial support for this continuing education programme, nor do I have financial interest in any commercial product(s) or service(s) discussed in the presentation.1. If yes, please state the name of the organization and the kind of affiliation:
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**I have carefully read and declare that I am the above mentioned speaker and I have filled this form to the best of my ability.**

**Signature Date**