

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by Faculty members)

NAME: John Carpenter

AFFILIATION: Freelance

Signature:

In accordance with criterion 16 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all members of the faculty must provide written declarations of COI. These declarations must not be submitted at the time of the application but must be made available in case of on-site control by the EACCME®.

DISCLOSURE

☐ I have no potential conflict of interest to report	
☑ I have the following potential conflict(s) of interest to report	
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	Glaxosmithkline
Spouse/partner:	
Other support (please specify):	In the past I have received payment for editorial and training services from many international pharmaceutical companies and medical communications agencies

Date: June 20, 2022