



Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

**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

<u>Name of Corporation(s)/Organization(s)</u>	<u>Relationship</u> (a-g from list above)
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____

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

Signature: _____ Date: _____