



## Change of Presenting Author Form

**(All fields are required to be completed for request of author change to be honored)**

Abstract Submittal Number: \_\_\_\_\_

Current Presenting Author Name: \_\_\_\_\_

New Presenting Author Name: \_\_\_\_\_

Abstract Title: \_\_\_\_\_

### **New Presenting Author Contact Information:**

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Email Address: \_\_\_\_\_

**It is required that the new Presenting Author complete the below Disclosure form before this change will be made.**

### **AANS/NREF/NPA Mandatory Disclosure Policy**

*The AANS, NREF and NPA expect that each individual required by this policy to file a disclosure statement will disclose relationships that include relevant financial interests and other interests that may compromise the individual's ability to act in the best interest of the organizations. These interests may include, but are not limited to the following situations:*

- *Leadership positions (voluntary or compensated) in another medical organization*
- *Consulting Relationships (compensated or non-compensated)*
- *Leadership position (voluntary or compensated) in foundations/fundraising organizations in the same area of medicine*
- *Corporate relationships (leadership and/or financial)*
- *Others*

*The disclosed relationships you identify here are not necessarily conflicts that will prevent you from accepting a role with AANS, NREF or NPA; any relationship(s) identified as a potential conflict will be evaluated by select/appropriate AANS Staff and Senior Physician Leadership.*

**Please read the noted documents and indicate your agreement.**

Corporate Guidelines\*

- I have read the [AANS/NREF/NPA Corporate Guidelines](#) and understand that my decisions as an AANS/NREF/NPA Board, Committee Member, speaker or content planner must conform to this policy.
- I have read the [AANS/NREF/NPA Corporate Guidelines](#) but do not agree with it (you will be contacted by an AANS/NREF/NPA staff member).

Conflict of Interest Policy\*

- I have read the [AANS/NREF/NPA Conflict of Interest Policy](#) and understand that my decisions as an AANS/NREF/NPA Board, Committee Member, speaker, content planner or Staff must conform to this policy.
- I have read the [AANS/NREF/NPA Conflict of Interest Policy](#) but do not agree with it (you will be contacted by an AANS/NREF/NPA staff member).

Non-Discrimination, Anti Retaliation, and Harassment Policy\*

- I have read the [AANS/NREF/NPA Non-Discrimination, Anti Retaliation, and Harassment Policy](#) and understand that as an AANS/NREF/NPA Board, Committee Member, speaker, content planner or Staff, I need to be aware of this policy and will report any perceived violations to the AANS Executive Director or to AANS/NREF/NPA legal counsel.
- I have read the [AANS/NREF/NPA Non-Discrimination, Anti Retaliation, and Harassment Policy](#) but do not agree with it (you will be contacted by an AANS/NREF/NPA staff member).

### **AANS/NREF/NPA Content Validation Statements and CME Policies\***

The AANS/NREF/NPA requires that the content of CME activities provide balance, independence, objectivity and scientific rigor. Planning must be free of the influences or control of a commercial entity and promote improvements or quality in health care. In addition, the content or format of a CME activity and its related materials must promote improvements or quality in health care and not a specific proprietary commercial interest.

All AANS/NREF/NPA CME activities must be compliant with the following ACCME content validation statements:

- All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, trade names from several companies should be used and not just trade names from a single company. Educational materials that are part of a CME activity such as slides, abstracts and handouts cannot contain any advertising, trade names without generic names (but listing of trade names from several companies is permissible) or product-group advertising.

Any individual refusing to comply with this policy and/or not disclosing relevant financial relationships annually will not participate in, have control of or responsibility for the development, management or presentation of AANS/NREF/NPA CME activities.

- I have read and I understand and agree with the statements above.
- I have read and I understand but do not agree with the statements above (you will be contacted by an AANS/NREF/NPA staff member).

ACCME's Updated Standards for Commercial Support requires that anyone in a position to control the content of the education activity has disclosed all financial relationships with any commercial interest. For the purpose of this disclosure, ACCME considers the financial relationships of your spouse/partner/co-author to be included as yours. Failure or refusal to disclose or the inability to satisfactorily resolve the identified conflict may result in the withdrawal of the invitation to participate in any AANS/NREF/NPA education activities.

This disclosure form is now linked to all AANS/NREF/NPA speaking engagements. Therefore, disclose all relevant financial relationships only once, not per engagement or role.

### **DISCLOSURE STATEMENT**

**Please indicate your or your spouse/partner or your co-author's financial and organizational relationships by checking the appropriate boxed below.**

- I DO NOT have any financial or organizational relationships with commercial interests or other entities. I hereby certify that to the best of my knowledge, no aspect of my current personal or professional circumstances places me in the position of having a conflict of interest with my duties, responsibilities and exercise of independent judgement as an Officer, Member of the Board of Directors, Nominee for Office, Educational Presenter and/or a representative of AANS/NREF/NPA.

I DO have any financial or organizational relationships with commercial interests or other entities which I will disclose below.

I acknowledge my continuing obligation to report to the AANS/NREF/NPA, promptly and in writing, any change in my circumstances which places me in a position of having a private interest which conflicts, or has the potential to conflict, with any interest of AANS/NREF/NPA or with my obligations to AANS/NREF/NPA.

I further acknowledge that if there is any case where my private interest conflicts with the interest of AANS/NREF/NPA during Board or Committee deliberations, I will indicate that I may have a conflict and abstain from any vote of that issue. In addition, I will abstain from any educational role where my private interest conflicts with the educational assignment.

List the names of commercial interests or organization entities with which you or your spouse/partner or your co-author have, or have not, had a relevant financial or organizational relationship with within the past 12 months. For the purpose of this disclosure, AANS/NREF/NPA and ACCME consider the financial relationships of your spouse/partner and your co-authors to be included as yours.

NOTE: The following list of examples is intended to assist you to categorize any potential conflicts and serve as a checklist.

<b>Affiliation and Financial Interests</b>	<b>Self</b>	<b>Co-author</b>	<b>Spouse</b>	<b>Identify the Association, Organization, Corporation, Entity Involved</b>	<b>Dollar Range</b>
Grants, Research Support					
Consultant Fees					
Stock Shareholder – (purchased direct, i.e. not through Mutual Fund, retirement package, etc.)					
Honorarium					
Other Financial Support					
Gifts: Merchandise, Entertainment, Travel, etc.					
Employee (any industry)					
Speaker’s Bureau					
Board, Trustee, Officer, Leadership position that could affect an entities’ finances					
Board, Trustee, Officer, Leadership position specifically with a neurosurgical or medical-related associated, nonprofit or similar entity					

Recording Release

I Consent

I Decline

**Personal Information Consent**

In order to organize and host the Annual Scientific Meeting in a professional and effective manner, the AANS needs to keep a record of certain personal information of meeting attendees and/or speakers. This information includes your name and email address. All personal information is treated as private and confidential by the AANS. There may be times when the AANS needs to share certain of your personal information with its third-party vendors that assist the AANS in organizing and carrying out the Annual Scientific Meeting. These third-party vendors only use such personal information in connection with the Annual Scientific Meeting and are required to treat such information as private and confidential.

I have read and understand the information above. I consent to the AANS retaining personal information about me and using such information to send emails and other communications to me. I further consent to the AANS sharing my personal information with its third-party vendors, when necessary.

I have read and understand, but do not agree with the statement above. (You will be contacted by an AANS staff member.)

**Final Statement**

I acknowledge my continuing obligation to disclose to AANS/NREF/NPA, promptly and in writing, any change in my circumstances.

I further acknowledge that if there is any case where my private interest conflict with the interests of AANS/NREF/NPA, I will indicate that I may have a conflict and abstain from any vote, speaking engagement, planning related to that issue.

Final Statement Response\*

I Agree

I Disagree (you will be contacted by an AANS/NREF/NPA staff member)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 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.

Conflict of Interest: Circumstances create a conflict of interest when an individual has the opportunity to affect CME content or organizational decisions about products or services of a commercial interest or other entity with which he/she has a financial or organizational relationship

Financial Relationships: The ACCME defines "Financial Relationships" as those relationships in which benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (i.e. stocks, stock options or other ownership interest, excluding diversified mutual funds) or other 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 and/or expected. ACCME considers relationships of the person included in the CME activity to include financial relationships of a spouse/partner.

Relevant Financial Relationships: The ACCME defines "Relevant Financial Relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. ACCME focuses on financial relationships with commercial interests in a 12-month period preceding the item that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to significant. Inherent in any amount is the incentive to maintain or increase the value of that relationship.