

## American Society for Laser Medicine and Surgery, Inc. (ASLMS) Financial Relationship Disclosure Form

<b>Name of Individual</b>	
<b>Affiliation</b>	

**Purpose:** Each individual must disclose *all financial relationships* with *ineligible companies*, within the *past 24 months* (whether the relationship has now ended or is currently active) to ASLMS.

**Definition:** An *ineligible company* is any entity whose primary business is producing marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Please disclose *all financial relationships* (any amount) that you have had in the *past 24 months* with ineligible companies.

**Disclosure:** Regarding my role in accredited CE activities (**check one**):

- No, I have no personal financial relationship(s) with ineligible companies.
- Yes, I have personal financial relationship(s) with ineligible companies. (Provide information below.)

Nature of Financial Relationship	Name of Company(s)
Employee	
Owner/Co-Owner Founder/Co-Founder	
Biomedical Start-up Owner/Employee (that has begun the regulatory process)	
Consulting Fee (e.g., Advisory Board)	
Contracted Research (PIs must provide information, even if received by the institution)	
Honoraria	
Speakers' Bureau	
Stock Shareholder (Individual stocks; diversified mutual funds do not need to be disclosed)	

Stock Options Holder	
Royalty/Patent Beneficiary	
Other (Describe):	

**Attestation:** I attest this disclosure is correct and complete and will provide any updates/changes to the status of this information to ASLMS.

**Name:**

**Date:**

Please email this completed form to: [education1@aslms.org](mailto:education1@aslms.org)