

**District of Columbia
Department of Health Care Finance**

**Medicaid Pharmacy & Therapeutics Committee
Disclosure Declaration**

Complete, sign, and return this form to the District of Columbia's Department of Health Care Finance P&T staff prior to making a presentation to the *Medicaid Pharmacy and Therapeutics (P&T) Committee*. Full disclosure by speakers is requested and expected by the Committee. Note that full disclosure is expected of speakers who are not specifically invited by the P&T Committee to make a presentation to the Committee.

The purpose of this form is disclosure declaration. Having an interest or affiliation with a corporate organization does not preclude a speaker from making a presentation, but the relationship must be made known to the audience. Completion of this form shall not disqualify a speaker from making a presentation, however, failure to disclose or false disclosure may prompt speaker disqualification.

Check one of the following:

_____ **I do not have** (nor does any immediate family member have) a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this presentation, or any affiliation with an organization whose philosophy could potentially bias my presentation.

_____ **I have** (or an immediate family member has) a vested interest in or affiliation with a corporate organization offering financial support or grant monies for this presentation or with any organization that has a specific interest in the therapeutic areas under discussion, as follows:

Financial Interest	Name of Organization
Employed by	_____
Receives Grant/Research Support	_____
Consultant	_____
Clinical Investigator	_____
Speaker's Bureau	_____
Major Stockholder	_____
Receives Other Financial/Material Support	_____

Name (please print)

Signature

Date