



### DISCLOSURE OF FINANCIAL RELATIONSHIPS

<b>NAME OF INDIVIDUAL</b>	Alexis Begezda
<b>TITLE OF CONTINUING EDUCATION</b>	Juvenile Idiopathic Arthritis Signs and Symptoms Team Education Program
<b>DATE and LOCATION OF EDUCATION</b>	Online
<b>INDIVIDUAL'S PROSPECTIVE ROLE(S) IN EDUCATION</b> (Choose all that apply: Planner, Teacher, Instructor, Faculty, Author, Writer, Reviewer, Other)	Author, workgroup member

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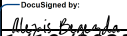
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Example: ABC Company	Consultant	X
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**ATTESTATION FORM**

ACR requests as a part of its measures to mitigate potential or real conflicts of interest that those individuals in a position to control CME content complete this attestation form. Please indicate your understanding of and willingness to comply with each statement below. Please indicate your understanding of and willingness to comply with each statement below. This form was designed for multiple roles so some statements may be not applicable (N/A).

Agree	Disagree	N/A	Statement of Attestation
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I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions.

<b>FULL NAME</b>	Alexis Begezda
<b>SIGNATURE</b>	<small>DocuSigned by:</small> 
<b>DATE</b>	1/19/2023

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### DISCLOSURE OF FINANCIAL RELATIONSHIPS

<b>NAME OF INDIVIDUAL</b>	Evan Mulvihill
<b>TITLE OF CONTINUING EDUCATION</b>	Juvenile Idiopathic Arthritis Signs and Symptoms Team Education Program
<b>DATE and LOCATION OF EDUCATION</b>	Online
<b>INDIVIDUAL'S PROSPECTIVE ROLE(S) IN EDUCATION</b> (Choose all that apply: Planner, Teacher, Instructor, Faculty, Author, Writer, Reviewer, Other)	Author, workgroup member

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<b>FULL NAME</b>	Evan Mulvihill
<b>SIGNATURE</b>	<i>Evan Mulvihill</i>
<b>DATE</b>	1/20/2023

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### DISCLOSURE OF FINANCIAL RELATIONSHIPS

<b>NAME OF INDIVIDUAL</b>	Grayson Schultz
<b>TITLE OF CONTINUING EDUCATION</b>	Juvenile Idiopathic Arthritis Signs and Symptoms Team Education Program
<b>DATE and LOCATION OF EDUCATION</b>	Online
<b>INDIVIDUAL'S PROSPECTIVE ROLE(S) IN EDUCATION</b> (Choose all that apply: Planner, Teacher, Instructor, Faculty, Author, Writer, Reviewer, Other)	Author, Workgroup Member

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<b>FULL NAME</b>	Grayson Schultz
<b>SIGNATURE</b>	
<b>DATE</b>	12/14/2022

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### DISCLOSURE OF FINANCIAL RELATIONSHIPS

<b>NAME OF INDIVIDUAL</b>	Jessica Nguyen
<b>TITLE OF CONTINUING EDUCATION</b>	Juvenile Idiopathic Arthritis Signs and Symptoms Team Education Program
<b>DATE and LOCATION OF EDUCATION</b>	Online
<b>INDIVIDUAL'S PROSPECTIVE ROLE(S) IN EDUCATION</b> (Choose all that apply: Planner, Teacher, Instructor, Faculty, Author, Writer, Reviewer, Other)	Author, Workgroup Member

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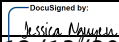
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<b>FULL NAME</b>	Jessica Nguyen
<b>SIGNATURE</b>	
<b>DATE</b>	12/13/2022

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### DISCLOSURE OF FINANCIAL RELATIONSHIPS

<b>NAME OF INDIVIDUAL</b>	Karen One1
<b>TITLE OF CONTINUING EDUCATION</b>	Juvenile Idiopathic Arthritis Signs and Symptoms Team Education Program
<b>DATE and LOCATION OF EDUCATION</b>	Online
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<b>FULL NAME</b>	Karen Oneil
<b>SIGNATURE</b>	
<b>DATE</b>	12/13/2022

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### DISCLOSURE OF FINANCIAL RELATIONSHIPS

<b>NAME OF INDIVIDUAL</b>	susan shenoi
<b>TITLE OF CONTINUING EDUCATION</b>	Juvenile Idiopathic Arthritis Signs and Symptoms Team Education Program
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Planners, faculty, and others in control of the educational content must provide information about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of their view of the relevance of the relationship to the education.

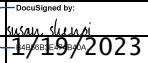
<b>Enter the Name of Ineligible Company</b>  An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a> .	<b>Enter the Nature of Financial Relationship</b>  Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	<b>Has the Relationship Ended?</b>  If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	X
Pfizer	consultant	<input type="checkbox"/>
Novartis	consultant	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**ATTESTATION FORM**

ACR requests as a part of its measures to mitigate potential or real conflicts of interest that those individuals in a position to control CME content complete this attestation form. Please indicate your understanding of and willingness to comply with each statement below. Please indicate your understanding of and willingness to comply with each statement below. This form was designed for multiple roles so some statements may be not applicable (N/A).

Agree	Disagree	N/A	Statement of Attestation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In the past 24 months, I have not had <b>any</b> financial relationships with any ineligible companies.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No employees or owners of ineligible companies (see definition above) may be in a position to control educational content of CME activity.  Are you an employee of an ineligible company? (shares of stock held in a publicly owned company do not apply).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed to ACR all relevant financial relationships. If I am a presenter for a lecture/didactic session, I will also disclose these relationships to learners (verbally, through a slide, etc.), so they may form their own opinions as to possible bias. If I am a committee member, I have disclosed to the Chair.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that incomplete, inaccurate or refusal to disclose will preclude me from participating in the development/delivery of content of this CME activity.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware that the ACR will disclose this information to learners and/or the planning committee chair through additional means and, where evaluation forms are used, ask participants to indicate their opinions regarding possible bias.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Should I be involved in accredited continuing education topic or content development and/or presentation of information, my involvement will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of ineligible companies. Content, with which I am involved, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware that ACR has implemented a mechanism for identifying and mitigating conflicts of interest. As a result, I may be required to recuse myself from content planning/design/presentation on specific topics etc.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not accept honoraria, payments or reimbursements related to ACR CME activities, unless agreed upon directly with ACR.

I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions.

<b>FULL NAME</b>	susan shenoi
<b>SIGNATURE</b>	
<b>DATE</b>	1/19/2023

\*The ACCME Standards for Integrity and Independence in Accredited Continuing Education require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at [amspeakers@rheumatology.org](mailto:amspeakers@rheumatology.org).