

**South Carolina Medicaid
Pharmacy & Therapeutics Committee
Disclosure Declaration**

Complete, sign, and return this form to South Carolina Department of Health and Human Services (DHHS) staff prior to making a presentation to the S. C. Medicaid 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 or DHHS staff 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 necessarily 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

Receives Grant/Research Support

Consultant

Clinical Investigator

Speaker's Bureau

Major Stockholder

Receives Other Financial/Material Support

Name (please print)

Signature

Date