

## Exhibit A: Disclosure of Relevant Financial Interests (COPE)

The Association of Regulatory Boards of Optometry (ARBO) has implemented guidelines to appropriately manage industry relationships in support of continuing activities to ensure transparency, fair balance, content free of commercial bias and an effective system of oversight. As a COPE Administrator/Provider, to comply with the COPE requirements for course qualification, the California Optometric Association (COA) is required to submit a financial disclosure to ARBO for instructors presenting COPE-approved courses at the 2019 COA OptoWest Conference(s). All elements of this disclosure must be included with the course submission should the COA submit the course on behalf of the Instructor.

### Instructions

**1.** List in the grid below the names of proprietary entities producing health care goods or services consumed by, or used on, patients with the exception of non-profit or government organizations and non-health care-related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose, COPE and COA consider the relevant financial relationships of your spouse or partner that you are aware of to be yours. Should no relevant financial relationships exist, this must be disclosed.

I and/or my spouse or partner **does not** have any **relevant financial relationships** with any corporate organizations. **Skip to the bottom of the form, sign, and date and return the form.**

I and/or my spouse or partner **does** have **relevant financial relationships** with one or more corporate organizations. Please list those organizations in the grid below.

**2.** Describe in the grid below what you or your spouse or partner received (ex. salary; royalty; intellectual property rights; consulting fee; honoraria; ownership interest, e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds; or, other financial benefit). You need **not** disclose how much you received.

**3.** Describe in the grid below the role of your spouse, partner or you with which one or both of you has a relevant financial relationship, ex. employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees, or review panels, board membership, and other activities, etc.

**Disclosure List will be shared with the OptoWest 2019 audience**

Commercial Interest/ List Company name	Nature of Relevant Financial Relationship	
	What was Received?	For What Role?

**My signature on this document confirms all of the following:**

I agree that I will keep my presentation free from commercial interest or bias. I will maintain independent control over the content of my presentation so that it is balanced, objective, presented with scientific rigor and not be for the purpose of promoting products, equipment, etc. (Therefore, my presentation should not be perceived by attendees as a commercial.) **Educational materials that are a part of this activity, such as slides, abstracts and handouts cannot contain any advertising, trade names, or product-group messages.**

I agree to notify COPE in writing should any information provided, including financial/proprietary information, change at any time during the three year qualification period of this course. I further agree that I will not change the basic content of my presentation following approval.

I agree to disclose to the audience the existence of any significant financial/professional relationships with the manufacturer(s) of any commercial product(s) and/or the provider(s) of any commercial service(s) discussed in the educational presentation. (Said relationships can include such things as grant/research support, employment, consulting and/or speakers bureau arrangements, major stock ownership, etc.) I will disclose any of these relationships, whether or not there is direct commercial support for the CE activity. This disclosure is made to provide the audience the information on which they can make judgments as to a presenter's objectivity. **Speaker will include a disclosure slide at the beginning of each Course presentation.**

I agree to disclose if my course material and information was created independently or if had assistance. **The disclosure must include who provided the assistance.**

I agree to disclose the attendees; **a)** when products or procedures being discussed are off label, unlabeled, experimental, and/or investigational (not FDA approved); **b)** any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

I agree that I have an ethical responsibility to make appropriate decisions related to my presentation, and all issues involving financial remuneration. (Considerations in this regard could include kickback schemes or multiple remunerations for a single event.)

I agree that reimbursements to me must come directly from the COPE-approved Administrator/Provider (COA). Supporters cannot supplement nor provide any financial incentives to speak on COPE accredited courses.

I agree that under no circumstances can I serve as both the Administrator/Provider and instructor for a COPE-accredited CE course or event at the same time.

I agree not to promote any of my books, consulting services, etc. during the lecture(s).

### **Acceptance of COPE Rules and Regulations**

I have read, understand, and agree to abide by all conditions and guidelines set forth in this disclosure agreement. The agreement shall be governed under the laws of the State of California.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
<SPEAKER>