On Behalf of Yourself and Your Spouse/Partner

In regard to financial relationships with commercial entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients relevant to the content I am planning, developing, presenting, or evaluating Check One of The Boxes Below (Pertaining to the Last 12 Months):

☐ We have no financial relationships with such commercial entities.
☒ We disclose the following financial relationships with such commercial entities:

<table>
<thead>
<tr>
<th>Recipient: Self or Spouse/Partner</th>
<th>Company</th>
<th>Type of Relationship**</th>
<th>Content Area (if applicable)</th>
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(Attach an additional sheet if you need more room)

To Be Completed by Non-Conflicted Reviewer Based on the Relationships Disclosed Above

Relevant relationships exist – COI action required

☒ Disclosure has been reviewed and at least one relevant relationship exists. Based on this, the conflict of interest(s) must be resolved. Complete and submit the Resolution of Conflict of Interest Form. Disclosure to participants should state the individual’s name, degree(s), the company’s name and the type of relationship with the company.

No relevant relationships exist

☐ Disclosure has been reviewed and no relevant relationships exist. No conflict of interest resolution needed. Disclosure to participants should state the individual’s name, degree(s) and “No relevant financial relationships to disclose”

Reviewer’s Name: [Signature]

Reviewer’s Role: ☒ DCE Staff Member  ☐ DCE Selected Medical Peer-Reviewer

☐ Non-conflicted Course Director  ☐ Non-conflicted Physician Appointed by the Course Director

Date of Review: 12/4/15

**Type of relationship may include: full-time or part-time employee, management position, independent contractor, consultant, research or other grant recipient, paid speaker or teacher, membership on boards, advisory committees, or review panels, ownership interest (product royalty/licensing fees, owning stocks, shares, etc), or any other financial relationship.
ATTESTATIONS

Please indicate your understanding of and willingness to comply with each statement below. They are based on requirements of the ACCME and the AMA. If you have any questions regarding your ability to comply, please contact the course director as soon as possible. (A=Agree, D=Disagree, N/A= Not Applicable)

A  D  N/A
On this form I have disclosed all relevant financial relationships, and I will disclose this information to learners in print or as part of my slide presentation. If I have no financial relationships I will disclose this to the learners. I will make such disclosure prior to the beginning of the activity.

A  D  N/A
The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial entity. I understand that if I am presenting at a live event, a CME monitor may be attending to ensure that my presentation is educational, and not promotional, in nature.

A  D  N/A
I have not and will not accept any honoraria, additional payments or reimbursements for this CME activity from a commercial entity.

A  D  N/A
I am now and have been in compliance with legal requirements and ACCME policies pertaining to my activities as a faculty member and/or reviewer.

A  D  N/A
Content Validation and Commercial Bias
1) All the recommendations involving clinical medicine related to my content will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2) All scientific research referred to, reported or used in my content in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. To help learners judge the quality of data provided, I will present the source and type or level of evidence (i.e. animal study, randomized controlled trial, meta-analysis, etc.).
3) Research findings and therapeutic recommendations in my content will be based on scientifically accurate, up-to-date information and be presented in a balanced, objective manner.

A  D  N/A
If I make use of the material of others and such use does not or may not reasonably fall within the fair use doctrine of the United States copyright law, I will obtain the appropriate written permissions and provide appropriate attribution.

A  D  N/A
For any drug/product discussed, the data must be objectively selected and presented, both favorable and unfavorable information about the drug/product must be fairly presented, and I will include information about reasonable alternative treatment options. Where there is a suggestion of superiority of one drug/product over another, this suggestion needs to be supported by evidence-based data.

A  D  N/A
If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. My educational materials will not contain any advertising, trade names or product group messages.

A  D  N/A
If I am discussing any drug/product use that is unlabeled or investigational, I will disclose that the use or indication in question is not currently approved by the FDA.

A  D  N/A
If I have been trained or engaged by a commercial entity or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.

A  D  N/A
I understand that a non-conflicted medical reviewer may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

I have carefully read and considered each item in this form, and have completed it to the best of my ability.

Printed Name
Signature
Date

Disclosure and Content Attestation Form – Faculty/Reviewer V 11.19.2012
CONFLICT OF INTEREST DISCLOSURE
Alvaro Pascual-Leone, MD, PhD

Neosync – Member of Scientific Advisory Board
Company developing a new method for noninvasive brain stimulation
(compensation depending on activity but up to a max of $5k/year, inclusive travel and expenses compensation)

Starlab – Member of Scientific Board
Company developing an EEG-guided transcranial current stimulation system
(compensation depending on activity but up to a max of $3k/year, inclusive travel and expenses compensation)

Neuroelectrics – Member of Scientific Board
Company developing an improved method for transcranial current stimulation
(compensation depending on activity but up to a max of $5k/year, inclusive travel and expenses compensation)

Neuronix – Member of Medical and Scientific Advisory Board
Company developing a system for treatment of cognitive decline in Alzheimer’s disease combining cognitive training and transcranial magnetic stimulation
(compensation depending on activity but up to a max of $5k/year, inclusive travel and expenses compensation)

Nexstim – Advisory Board Member
Company in the transcranial magnetic stimulation field developing improved neuronavigated TMS systems
(compensation depending on activity but up to a max of $5k/year, inclusive travel and expenses compensation)

Magstim – Advisory Board Member
Company that manufacturers and commercializes transcranial magnetic stimulation equipment
(compensation depending on activity but up to a max of $5k/year, inclusive travel and expenses compensation)

Axilum Robotics – Advisory Board Member
Company that manufacturers and commercializes a robot for targeting of transcranial magnetic stimulation
(compensation depending on activity but up to a max of $5k/year, inclusive travel and expenses compensation)
Resolution of Conflict of Interest (COI) for Regularly Scheduled Series (RSS)

To Be Completed by a Non-Conflicted Course Director or Non-Conflicted Physician Appointee

<table>
<thead>
<tr>
<th>Name of Person with Conflict:</th>
<th>Activity Date:</th>
<th>Dec. 10, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alvaro Pascual-Leone, MD</td>
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<tr>
<td>Activity Title:</td>
<td></td>
<td>Medical Grand Rounds - &quot;The Neurology of Leadership&quot;</td>
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<tr>
<td>Individual's Role</td>
<td></td>
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<tr>
<td>X Speaker/Case Presenter/Author</td>
<td>□ Moderator (without content)</td>
<td>□ Reviewer</td>
</tr>
<tr>
<td>Academic Planner/Planning Committee Member</td>
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</tbody>
</table>

What is a conflict of interest? (ACCME Standard for Commercial Support - Standard 2.1 [SCS 2.1])
The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CMR about the products or services of that commercial interest.

Where is the conflict? (SCS 2.1)
When the provider's interests are aligned with those of a commercial interest the interests of the provider are in "conflict" with the interests of the public. The interests of the people controlling CME must always be aligned with what is in the best interests of the public.

How do these circumstances create a conflict of interest? (SCS 2.1)
The potential for increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME - an incentive to insert commercial bias. Commercial bias is prohibited in CME.

Instructions to Complete Form:
Complete the resolution of COI documentation below for the conflicted individual based on his/her role

Resolving Conflicts of Interest

Resolving COIs for Individuals in their Role as Planning Committee Members

Select one of the following options:
- □ The above named individual recused him/herself from planning content in the conflicted area
- □ The individual divested him/herself of the financial relationship with the commercial entity
- □ Other (Describe):

Resolving COIs for Individuals in their Role as Reviewers

Select one of the following options:
- □ An additional non-conflicted reviewer reviewed the activity
- □ Other (Describe):

Resolving COIs for Individuals in their Role as Moderators (without content)

Select one of the following options:
- □ The moderator was instructed to limit his/her role to the introduction of presenters, fielding questions, and moderating the flow of discussion between participants and presenters
- □ Other (Describe):

Resolution of COI RSS V11.05.12
Resolving COIs for Individuals in their Role as Speakers/Authors

Select one or more of the following options:

**Option 1:**
Course Director or Medical Peer-Reviewer (or other individual without a COI) reviewed the presentation slides/written materials BEFORE the activity. Outcome:
- [x] No commercial bias was perceived
- [ ] Commercial bias was perceived, the presentation was subsequently revised, and no commercial bias was found
- [ ] Other (Describe):

**Option #2:**
Course Director had the person with the conflict (select one or more):
- [ ] Refrain from making recommendations on topics in which the conflicts exists
- [ ] Base all recommendations on peer-reviewed data (this must be paired with another resolution method)
- [ ] Limit his/her content to data and information while other faculty members addressed the implications and made recommendations
- [ ] Limit the sources for his/her recommendations to those identified by the Course Director (e.g. summaries from the systematic reviews of the Cochrane Collaboration, summaries from the AHRQ Effective Health Care Program, etc.)

**Option #3:**
- [ ] CME certification was excluded for the individual's portion of the activity

**Option #4:**
- [ ] The individual divested him/herself of the financial relationship with the commercial entity

**Option #5:**
- [ ] Other (Describe):

**CERTIFICATION:** I certify that the information I have provided is true and complete to the best of my knowledge. I understand that it is a requirement of the HMS DCE to provide documentation of COI resolution prior to the CME activity. **If I am the Course Director I also certify that the content validation for all presentations has been assured.**

Eileen Reynolds 12/4/15

Name of Form Completer Date Form Completed

Select your role in this activity:
- [x] Non-conflicted Course Director
- [ ] Non-conflicted Physician Appointed by the Course Director
- [ ] DCE Staff Member
- [ ] DCE Selected Medical Peer-Reviewer

Resolution of COI RSS V11.05.12