

CME

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Friday, October 09, 2020 8:22 PM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Friday, October 9, 2020 - 8:21pm

Submitted values are:

First Name: Michael

Last Name: Brage

Credentials:

Email Address: bragemichael@yahoo.com

Activity / Course Title: Lower Extremity IEP course

Activity Date(s): November 6 through 8

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Failed TAR

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I

agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Yes, I do intend to discuss off-label uses of the following commercial product(s)/device(s) and agree to inform learners of such.

Declaration: Michael Brage

CME

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Wednesday, October 07, 2020 3:49 PM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Wednesday, October 7, 2020 - 3:49pm

Submitted values are:

First Name: Nicholas

Last Name: Cheney

Credentials: DO

Email Address: ncheney@orthoneuro.com

Activity / Course Title: Complications in Foot & Ankle Surgery

Activity Date(s): November 13-15, 2020

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Are joint sparing procedure still an option? Calcaneal Fractures: The difficult distraction arthrodesis

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will discuss the pros and cons of competing products in my presentation.
- I will submit my course materials in advance to allow for adequate peer review.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: Yes (self), within the past 12 months, I have had either a financial interest/arrangement with one or more entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or consulting services related to continuing education in the health professions.

Self: Financial Relationship: Consultant

Consultant: Name of Company(s) and Relationship : Flower Orthopedics

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Nicholas A. Cheney DO

CME

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Thursday, October 08, 2020 10:09 AM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Thursday, October 8, 2020 - 10:08am

Submitted values are:

First Name: Sean

Last Name: Grambart

Credentials:

Email Address: sgrambart@dmu.edu

Activity / Course Title: FASST Complications

Activity Date(s): Nov 2020

Please indicate your role in this course. :

- Moderator or Facilitator
- Planning Committee Member
- Presenter/Speaker

Presentation Title:

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of

commercial bias? I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest? I will ensure that any speakers or content I suggest is independent of commercial bias.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: Yes (self), within the past 12 months, I have had either a financial interest/arrangement with one or more entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or consulting services related to continuing education in the health professions.

Self: Financial Relationship:

- Self-Managed Stock Shareholder

- Other

Self-Managed Stock Shareholder: Name of Company(s) and Relationship : Partner Bespa

Other: Name of Company(s) and Relationship: Design Team Orthosolutions, Speaker at ACFAS/National/State/Local meetings

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Sean Grambart

CME

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Wednesday, October 07, 2020 11:43 AM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Wednesday, October 7, 2020 - 11:42am

Submitted values are:

First Name: Christopher

Last Name: Newell

Credentials: MBA

Email Address: cnewell@bspaglobal.com

Activity / Course Title: Complications in Foot & Ankle Surgery

Activity Date(s): November 13 - 15, 2020

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest? I will ensure that any speakers or content I suggest is independent of commercial bias.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Declaration: Christopher Newell

Billings, Christina

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Friday, October 09, 2020 6:14 AM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Friday, October 9, 2020 - 6:13am

Submitted values are:

First Name: Gregory

Last Name: Pomeroy

Credentials: MD

Email Address: gpome40@hotmail.com

Activity / Course Title: Panel

Activity Date(s): Nov 13-15, 2020

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Complications in Foot and Ankle

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I

agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Gregory Pomeroy

Billings, Christina

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Thursday, October 08, 2020 6:06 PM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Thursday, October 8, 2020 - 6:06pm

Submitted values are:

First Name: Christopher

Last Name: Reeves

Credentials: DPM, FACFAS

Email Address: docreeves1@yahoo.com

Activity / Course Title: Complications in Foot & Ankle Surgery

Activity Date(s): November 13 - November 15

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Complications in Foot & Ankle Surgery

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will discuss the pros and cons of competing products in my presentation.
- I will submit my course materials in advance to allow for adequate peer review.
- Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships:

- Yes (self), within the past 12 months, I have had either a financial interest/arrangement with one or more entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or consulting services related to continuing education in the health professions.

- Yes (spouse/partner), within the past 12 months, my spouse/partner has had either a financial interest/arrangement with one or more entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or consulting services related to continuing education in the health professions.

Self: Financial Relationship:

- Honorarium
- Consultant
- Grants or Research Support

Spouse/Partner: Financial Relationship:

- Honorarium
- Consultant
- Grants or Research Support

Honoraria: Name of Company(s) and Relationship: American College of Foot and Anle Surgeons

Consultant: Name of Company(s) and Relationship : Wright Medical, Stryker, Trilliant, DePuy Synthese, Treace Medical, Bioventus

Grant or Research Support: Name of Company(s) and Relationship : Organogenesis

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Christopher L. Reeves DPM FACFAS

Billings, Christina

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Thursday, October 08, 2020 11:13 PM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

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Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Thursday, October 8, 2020 - 11:13pm

Submitted values are:

First Name: Amber

Last Name: Shane

Credentials: DPM, FACFAS

Email Address: ashane@orlandofoot.com

Activity / Course Title: DMU BESPAs foot and ankle

Activity Date(s): November 13-15

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Complications

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will discuss the pros and cons of competing products in my presentation.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships:

- Yes (self), within the past 12 months, I have had either a financial interest/arrangement with one or more entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or consulting services related to continuing education in the health professions.

- Yes (spouse/partner), within the past 12 months, my spouse/partner has had either a financial interest/arrangement with one or more entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or consulting services related to continuing education in the health professions.

Self: Financial Relationship: Consultant

Spouse/Partner: Financial Relationship: Consultant

Consultant: Name of Company(s) and Relationship : BESPAs Stryker Trilliant Treace Wright

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Amber Shane

CME

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Wednesday, October 07, 2020 1:24 PM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Wednesday, October 7, 2020 - 1:23pm

Submitted values are:

First Name: Wesley

Last Name: Stotler

Credentials: DO

Email Address: w.stotler@tjba.org

Activity / Course Title: Complications in Foot and Ankle Surgery

Activity Date(s): November 13-15, 2020

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Treatment of 45 MT/Cuboid arthritis

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I

agree.

Disclosure of Relevant Financial Relationships: Yes (self), within the past 12 months, I have had either a financial interest/arrangement with one or more entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or consulting services related to continuing education in the health professions.

Self: Financial Relationship: Consultant

Consultant: Name of Company(s) and Relationship : Crossroads Extremity, Extremity Medical, Exactech

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Wesley Stotler

CME

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Thursday, October 08, 2020 10:04 AM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

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Sincerely,

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Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Thursday, October 8, 2020 - 10:03am

Submitted values are:

First Name: Lisa

Last Name: Viele

Credentials:

Email Address: lviele@bspaglobal.com

Activity / Course Title: FASST Surgical Complications

Activity Date(s): NOV 13-15

Please indicate your role in this course. : Member of Bespa Global

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Declaration: Lisa A Viele