


Date of CPD Activity:	October 18, 2024		
Title of CPD Activity:	39th Annual Feldman Lecture		
What is your role in the CPD activity?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input checked="" type="checkbox"/> Speaker
	<input type="checkbox"/> Other (<i>describe</i>)	<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
Complete details of any financial affiliations you have or have had in the last 2 years with for-profit and not-for-profit organizations, below:			
Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)	
Any direct financial payments, gifts, in-kind compensation or honoraria			
Membership on advisory boards or speakers' bureau	Dr Howes has received investigator-initiated research funding from and/or participated in advisory/ speaker meetings organised by Angellini, Autifony, Biogen, Boehringer-Ingelheim, Delix, Eli Lilly, Elysium, Heptares, Global Medical Education, Invicro, Jansenn, Karuna, Lundbeck, Merck, Neumora, Neurocrine, Ontrack/ Pangea, Otsuka, Sunovion, Teva, Recordati, Roche, Rovi and Viatrix/ Mylan.		
Funded grants or clinical trials	He was previously a part-time employee of Lundbeck A/v.		
Patents on a drug, product or device; royalties	Dr Howes has a patent for the use of dopaminergic imaging.		
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.	none		
To be completed by speakers, moderators, facilitators and authors only:			
I intend to make therapeutic recommendations for medications that have not received regulatory approval ("off-label" use of medication). <i>Declare off-label use to the audience.</i>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I acknowledge that the National Standard requires me to use generic names (or both generic and trade names) to refer to therapeutic options; and not reflect exclusivity or branding.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.			
Name:	<i>Please Print</i> Professor Oliver Howes		
Signature:			Date: 07/05/2024

Complete and return to:

 By email: cme@ucalgary.ca
 By Fax: (403) 210-9247

 Office of Continuing Medical Education
 Telephone: (403) 220-7240
 Email: cme@ucalgary.ca