

## Declaration on financial and non-financial interests for speakers and course instructors (chairpersons/hosts/publishers/authors)

**Topic / title of the training course:** \_\_\_\_\_

**Date / place of the training course:** \_\_\_\_\_

**Surname, first name** \_\_\_\_\_

According to the Training Regulations for Physicians in Nordrhein and according to the guidelines governing the Training Regulations, and according to the principles of neutrality, transparency, and independence in line with the recommendations of the German Medical Association (Bundesärztekammer) on advanced medical training, any and all circumstances that may result in a conflict of interest must be disclosed.

**The declarations on the financial and non-financial interests of the speakers/course instructors/chairpersons/hosts/publishers/authors must be completed and submitted to the organiser when filing the application for having an advance training course accepted for the advanced training certificate. They must be presented to the Medical Association on request.**

**I will include the following mandatory information in a slide at the beginning of my talk:**  
(Please provide information for all of the past 5 years and the upcoming 12 months.)

### A. Declaration on financial interests

**I.** I have received research funding (personally or for disposal at my discretion), as direct financial funds or in form of funding in-kind (personnel, equipment etc.)

**No**

**Yes**      *from a sponsor/sponsors  
of this event*

*from another institution  
(pharmaceuticals or medical technology  
company etc.)*

**II.** I am a speaker at the above event and as such have received a fee or in-kind benefit in the past 5 years, e.g. reimbursement of costs (travel/accommodation) or payment of fees for participation as passive participant in an event or I will receive any such in the next 12 months (*this also includes the participation in training courses not eligible for the advance training certificate*)

**No**

**Yes**      *from a sponsor/sponsors  
of this event*

*from another institution  
(pharmaceuticals or medical technology  
company etc.)*

**III.** I was a paid consultant/internal speaker for trainings/recipient of a salary:

**No**

**Yes**      *from a sponsor/sponsors  
of this event*

*from another institution  
(pharmaceuticals or medical technology  
company etc.)*

**IV.** I and/or my spouse/partner/child hold(s) a patent/company shares/stock or similar (*including if a spouse/partner/child is/are (an) employee(s) of such company, with the exception of fund-based participations*)

1. *in a company active in the medical sector that is not a sponsor of this training course and/or whose company interests are not affected by the topic of this training course.*

**No**       **Yes**

2. *in a company that is a sponsor of this training course and/or whose company interests are affected by the topic of this training course*

**No**       **Yes**

**B. Further declarations/declaration on non-financial interests**

*(Please provide information for all of the past 5 years and the upcoming 12 months.)*

- e.g. organisations for which you work:
- position in that organisation:
- membership and position in scientific associations/professional organisations and, where applicable, other associations relevant for this training course:

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*(continue on separate sheet if necessary)*

**I will include the declarations on non-financial interests on a separate slide in my presentation (mandatory)**

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Place	Date	Signature / stamp
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# PRIVACY POLICY

## RECOGNISING ADVANCED TRAINING

According to the General Data Protection Regulation (GDPR) as applicable across the European Union, we are obliged to provide you with information in connection with the use of your data by the Medical Association of Nordrhein from 25 May 2018 onwards. We are pleased to provide you this information in this leaflet in order to comply with that regulation.

### I. CONTACT DETAILS

#### DATA CONTROLLER PURSUANT TO GDPR

Ärztekammer Nordrhein  
Entity under public law,  
officially represented by the President  
Tersteegenstraße 9, 40474 Düsseldorf  
datenschutzverantwortlicher@aekno.de  
Phone: 0211/4302-0

#### OFFICIAL DATA PROTECTION OFFICER:

Ärztekammer Nordrhein  
Data Protection Officer  
Tersteegenstraße 9, 40474 Düsseldorf  
datenschutzbeauftragter@aekno.de  
Phone: 0211/4302-0

### II. PURPOSE OF DATA PROCESSING

Your data are being processed in order to be able to process your application for a training course. To do so, we process the personal data concerning you that you have made available to us or which you will make available to us in the future. The data will only be collected from third parties if you grant us a corresponding permission.

### III. LEGAL BASIS FOR DATA PROCESSING

The legal basis for data processing is set out in Art. 6(1) first sentence points c and e, Art. 6(2) and (3) GDPR, section 6 clause 1 no. 4 and 5 Medical Professions Act North Rhine-Westphalia, and sections 4 and 7 Training Regulations of the Medical Association in Nordrhein.

### IV. RECIPIENT OF THE PERSONAL DATA

We only transmit personal data to third parties if this is permitted by law or if you have agreed to such transmission. The training measures are published on the website of the Medical Association Nordrhein.

### V. DURATION OF DATA STORAGE

We will only store your personal data for as long as is required to process your application or as required by law (5 years for the training certificate).

### VI. YOUR RIGHTS

You have the right to receive information about the personal data concerning you. You may also demand the rectification of incorrect data. Furthermore, you have the right to the erasure of data, the right to the restriction of data processing, and the right to object to processing, and the right to data portability, subject to certain conditions.

If you have granted consent, you have the right to withdraw any such consent for future processing.

You also have the right to lodge a complaint with the supervisory authority for data protection if you are of the opinion that your personal data was processed unlawfully. This supervisory authority is: Landesbeauftragte für den Datenschutz und Informationsfreiheit Nordrhein-Westfalen, Postfach 20 04 44, 40102 Düsseldorf, e-mail: [Poststelle@ldi-nrw.de](mailto:Poststelle@ldi-nrw.de), phone: 0211/38424-0.