

# Disclosure of Relevant Financial Relationships for Continuing Professional Education

Name and Degree (or credentials):

CME/CE Activity Name:

Commercial Supporters (if applicable):

Presentation Title (if applicable):

Select Role(s):  Planner  Course Director  Moderator/Faculty  Presenter/Author  Reviewer

Other:

## CRITERIA FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS WITH COMMERCIAL INTERESTS IN CONTINUING EDUCATION (CME/CE)

1. **RELATIVE TO THIS ACTIVITY**, instructors, planners, content reviewers and managers who affect the content of a CME/CE activity are required to disclose financial relationships they have with commercial interests (i.e., any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients).
2. Disclose financial relationships with a commercial interest relevant to the activity.
3. You are to disclose financial relationships that fit #2 above **in any amount** that has been received **over the past 12 months ONLY**.
4. Financial relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition **do not have to be disclosed**.
5. Honoraria received, or consulting funds, from a CE provider, even though those funds may have been provided to that CME/CE provider through an educational grant from a commercial interest, **do not have to be disclosed**.
6. If you are a **principal investigator** for a drug study, you must report that research relationship below under "Contracted Research" even if those funds came to an institution.
7. If your spouse or life partner has a relevant financial relationship with an applicable commercial interest (e.g., is employed as the VP-Marketing), or provides marketing advice to an applicable commercial interest as a consultant, **you must include that disclosure in the table below**.
8. In accordance with ACCME, ANCC and ACPE requirements, failure to provide disclosure information in a timely manner will result in the disqualification of the potential planner, course director, moderator, faculty, presenter, author or reviewer from this activity.

### PART I: NATURE OF RELEVANT FINANCIAL RELATIONSHIPS:

Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest?

- No. **Skip to Part II on the next page.**  Yes. I or my spouse/life partner have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below.

<b>Type of Financial Relationship</b> WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include relevant spouse/life partner relationships	<b>Indicate Applicable Commercial Interest</b> WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include relevant spouse/life partner relationships
<input type="checkbox"/> Salary derived from an employed relationship with a commercial interest	
<input type="checkbox"/> Royalty	
<input type="checkbox"/> Receipt of Intellectual Property Rights/Patent Holder	
<input type="checkbox"/> Consulting Fee	
<input type="checkbox"/> Speakers Bureau	
<input type="checkbox"/> Fees for Non-CME/CE Services Received Directly from a Commercial Interest or its Agent ( <i>an accredited ACCME/ANCC/ACPE provider is not an agent for a commercial interest, whereas a company acting for a commercial interest in a promotional activity is an agent.</i> )	
<input type="checkbox"/> Contracted Research ( <i>Only include research funds received directly from industry; grants to your institution are NOT reportable.</i> ) <i>If you are a principal investigator, you must report a financial relationship even if those funds came to the institution for which you work.</i>	
<input type="checkbox"/> Stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i>	
<input type="checkbox"/> Other (please describe):	

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

- No  
 Yes

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## **PART II: UNLABELED/UNAPPROVED DRUGS**

Do you intend to reference unlabeled/unapproved uses of drugs or products in your presentation?

- No.** *Skip to Part III on the next page.*       **Yes.** Provide the names of the drugs or products you will reference below.

### PART III: ATTESTATION OF CME/CE VALUE STATEMENTS

**DIRECTIONS:** Read the ACCME Content Validity Values Statement below, then **read and check ALL** of the following boxes to attest to your understanding of and willingness to comply with the corresponding statement; accept terms and date form.

**ACCME Content Validity Values Statement:** All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contra-indications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

**Best Available Evidence and ACCME Content Validation Statement:** All clinical recommendations that I make for patient care as part of my planning and/or CME activity materials will be based on the best available evidence and the content will be in compliance with ACCME's Content Validation Statement.

**Sources and Limitations of Data, Off-Label Use Disclosure:** To the extent practical, recommendations involving clinical medicine in this CME activity will be substantiated by peer-reviewed sources. I will make meaningful disclosure to the attendees if products or procedures I discuss are off-label, unlabeled, experimental, and/or investigational (not FDA approved), and any limitations on the information that I present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

**Scientific Integrity:** All scientific research referred to, reported or used in support or justification of a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.

**Free of Commercial Bias:** CME content presented to learners will be free of commercial bias. No product, service, or therapeutic option will be over-represented when comparing competing products, services, and therapeutic options. When appropriate, generic names or trade names from several companies will be used.

**Payments:** I have not and will not accept an honorarium, additional payment, or reimbursements except for payments from the CME provider or authorized representative for my participation in this activity. I understand that all payments to me will be made in compliance with the provider's Policy on Honoraria and Expense Reimbursement.

**Serve the Public Interest:** Any selection of topics, instructional content and personnel I make for this CME activity will be done to serve the public interest by improving the quality of healthcare. To the best of my ability, I will not let any personal financial relationships influence this selection process.

**Presentations must give a balanced view of therapeutic options:** Use of generic names will contribute to this impartiality. If your presentation includes trade names, where available trade names from several companies should be used, not just trade names from a single company. Logos from commercial interests are never permitted on any course materials including presentation slides. Your presentation/materials will be evaluated by attendees for fair balance, objectivity and scientific rigor.

**Content Validation Review:** I understand that my CME activity presentation/materials may be prospectively peer-reviewed for fair balance and validation of content and may require editing.

**HIPAA Compliance:** I will remove all patient identifiers (name, birth date, address, phone number, medical record number, account number, social security number, etc.) from my presentation materials. I will not use identifiable photographs of patients, unless I have obtained written patient permission.

**I agree to submit PowerPoint slides and other course materials to CCM NO LATER THAN THREE WEEKS PRIOR TO MY PRESENTATION so that materials can be reviewed, prepared for learner downloads and provided to the A/V technicians.**

By clicking this circle, I attest that I have agreed to the above statements.

Date of Submission:

#### **INSTRUCTIONS:**

**To return this completed form to CCM Continuing Medical Education, click on the 'E-mail Form' button to the right, which will automatically attach it to a pre-addressed e-mail. Be sure to save a copy for your files by clicking on the 'Print Form' button to the right.**