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| --- | --- | --- | --- |
| Name/Degree: |  | Activity Date: |  |
| CME Activity Name: |  | | |

|  |  |
| --- | --- |
| **Title of Presentation** *(if applicable)****:*** |  |
| **Please indicate your role in this CME activity:** | **Presenter/**  **Author**  **Course Director**  **Moderator**  **Planning/Approval**  **Instructor** *(Check all that apply)* **Committee** |

**Purpose:** It is the policy of the PROVIDER NAME to ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All participating faculty, course directors, and planning committee members are required to disclose to the program audience any financial relationships related to the subject matter of CME activities/programs. Relationships of spouse/ partner with proprietary entities producing health care goods or services should be disclosed if they are of a nature that may influence the objectivity of the individual in a position to control the content of the CME activity. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. Specific disclosure information for each course faculty will be shared in writing (and documented in the file) with the audience prior to the faculty's presentation.

***Persons who fail to provide this information in advance of the course (allowing for adequate time for review) are not eligible to be involved in this CME activity.***

**Step 1: Disclosure of Relevant Financial Relationships**

**Relevant financial relationships are those in which an individual (including their spouse/partner) in the last 12 months:**

* has had a personal financial (any amount) relationship with a commercial interest entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients; and who
* has control over educational content (planning or presenting) related to the products and/or services of the commercial interest(s).

**Regarding your role in this CME activity (check one):**

**No,** I/we have no relevant personal financial relationship. *(If you checked this box, skip to* ***Step 2.)***

**Yes,** I/we do have a personal financial relationship with a commercial interest and control over educational  
 content related to the products and/or services of the commercial interest(s). *(Provide information below.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Financial Relationship** | **Name of Commercial Interest(s) and relationship** | **Self** | **Spouse/Partner** |
| Consultant |  |  |  |
| Speaker’s Bureau |  |  |  |
| Grant/Research Support  *(Principal Investigator or working directly for company/company’s agent)* |  |  |  |
| Stock Shareholder *(self-managed)* |  |  |  |
| Honoraria |  |  |  |
| Full-time/part-time Employee |  |  |  |
| Other *(Describe)*: |  |  |  |

**Step 2: Disclosure of Promotional Talks**

**No,** I have not presented any promotional talks for any pharmaceutical companies within the past 12 months.

**Yes,** I have presented promotional talks for one or more pharmaceutical companies within the past 12 months.

**If Yes, please provide details** (Company, Therapeutic Area, Month, Year):

**Step 3: Disclosure of Off-Label and/or Investigational Uses** If at any time during my education activity I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.

**No,** I do not intend to discuss an off-label/investigative use of a commercial product/device.   
*(If you checked this box, skip to* ***Step 4****.)*

**Yes,** I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s).   
*(Provide information below.)*

**Step 4: Statements/Rules of PROVIDER NAME/ ISMA/ ACCME Accreditation**

**Statements/Rules of PROVIDER NAME/ISMA/ACCME Accreditation**

Please read the statements/rules of ISMA/ACCME accreditation below, sign, and return to PROVIDER NAME Medical Education Program. If you have any questions regarding your ability to comply, please contact the Activity Director or PROVIDER NAME CME office.

* 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 business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based, and unbiased, and has adequate justification for their indications and contraindications in the care of a patient.
* Recommendations involving diagnosis and treatment discussed in the presentation are based on evidence which is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patient.
* All scientific research referred to, reported or used in CME in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Citations of the work are recommended.
* Objectives of my presentation are consistent with overall objectives of the course, and the content is relevant to participants needs.
* I have disclosed (via Disclosure Form to PROVIDER NAME CME all relevant financial relationships. I understand these will be disclosed to the audience, if they are relevant/potentially relevant to your educational content.
* I have not and will not accept any honoraria, additional payment or reimbursements beyond that which has been agreed upon directly with PROVIDER NAME
* I understand that PROVIDER NAME CME 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 understand that commercial entity corporate names or logos should not appear on my slides or handouts.
* I understand that a PROVIDER NAME CME monitor may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
* If I am discussing specific health care 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.
* If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
* If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker’s bureau for any commercial interest, the promotional aspects of the presentation will not be included in any way with this activity.
* If I am a speaker for any commercial interest, the promotional aspects of this relationship will not be included in any way with this activity.
* If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.
* If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.
* If I am presenting research studies, I will include weaknesses and strengths of each study in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available.

**Step 5: Declaration**

I will uphold the PROVIDER NAME continuing educational standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. I understand that continuing education accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner (or fiscal agent).

**Signature / Name:**       **Date:**

*If sending this completed document electronically, please type your name above and check this box:*

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Thank you for providing us with this information. **Return to: NAME, PROVIDER NAME, CONTACT INFO**

**FOR CME OFFICE USE ONLY**

**Review Process and Resolution of Possible Conflict of Interest**

**Step 1: Disclosure Risk Assessment**

None  Low  High **Signature of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Review:**

**Step 2: Action required?**

Yes (complete below)  No

**Step 3: Significant Factors**  Relationships  Previous Evaluation Data  Topic Area

**Step 4 Referred to:**

Course Director / Co-Director Name:

Planning Committee Member Name:

Other Name:

**Step 5: Proposed Action (attach documentation)**

Conduct peer review

Independent Review of Presentation

Independent Review of Abstracts

Limit scope of presentation

Narrow the Materials Covered

Omit Specific Recommendations

Verify recommendations based on structured review for best evidence

Identify alternate speaker

Alter course design to ensure fair and balanced treatment of topic

Dissolve financial relationship

Other (explain):

**COMPLETED POST ACTIVITY**

**Disclosure of the above information was provided to the learner via the following tools**

**Check all that apply:**

Activity Announcement

Handout

Signage

Powerpoint presentation Introduction Slide

Verbal announcement

Other (explain):