**DISCLOSURE OF FINANCIAL RELATIONSHIP FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Credentials** |  Click here to enter text. | **Current Employer:** | Click here to enter text. |
| **Telephone Number:** |  Click here to enter text. | **E-Mail Address:** |  Click here to enter text. |
| **Activity Name:**  |  Click here to enter text. |  **Date:**  |  Click here to enter text. |

|  |  |
| --- | --- |
| Please indicate your role in this CME activity: | **[ ]  Presenter/Faculty [ ]  Course Director [ ]  Moderator [ ]  Planning Committee***(Please check all that apply)* |

**Purpose:** It is the policy of the Indiana State Medical Association (ISMA) 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 continuing medical education (CME) activities/programs. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. This information is necessary

in order for us to be able to move to the next steps in planning this CME activity.

***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.***

**Participation:** We are pleased that you are willing and able to participate in this CME activity, which is accredited by the ISMA. The ISMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME). As such, we are required to meet the ACCME’s expectations for our practice of continuing medical education.

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

**Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition in Glossary of Terms). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, in any amount, with ineligible companies. You should disclose relationships regardless of the potential relevance of each relationship to the education.**

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

 [ ]  **No,** In the past 24 months**,** I have not had **any** financial relationships with an ineligible company.

[ ]  **Yes,** I do have a personal financial relationship with an ineligible company *(Provide information below)*

|  |  |  |
| --- | --- | --- |
| **Nature of Financial Relationship** | **Name of Ineligible Company(s)**  | **Has the relationship ended?** |
| [ ]  Consultant |  Click here to enter text. |  [ ]  Yes  |
| [ ]  Speaker’s Bureau |  Click here to enter text. |  [ ]  Yes |
| [ ]  Grant/Research Support[ ]  Principal Investigator |  Click here to enter text. |  [ ]  Yes |
| [ ]  Board Member |  Click here to enter text. |  [ ]  Yes |
| [ ]  Stock Shareholder *(self-managed)* |  Click here to enter text. |  [ ]  Yes |
| [ ]  Full-time/part-time Employee/Owner\* |  Click here to enter text. |  [ ]  Yes |
| [ ]  Other *(Describe)*: |  Click here to enter text. |  [ ]  Yes |

***\* The ISMA PROHIBITS employees and owners of Ineligible Companies from participating on any***

***CME PLANNING COMMITTEE and serving as presenters.***

***Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest must be***

***mitigated in advance of the activity and disclosure information will be shared with activity participants.***

**Step 2: Speaker Disclosure of Off-Label and/or Investigational Uses**

If at any time during my educational 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.

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

Click here to enter text.

**Step 3: ISMA Statements & Rules to Ensure Content Validation**

**We would like to enlist your help to ensure that educational content is fair and balanced and that any clinical content presented supports safe, effective patient care. This includes the expectations that:**

* All recommendations for patient care in accredited continuing education must be based on current science, evidence and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
	+ All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation. Citations of the work are recommended.
* 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.
	+ 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.
	+ Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of the accredited provider to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence and clinical reasoning.
	+ Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners or practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
	+ I understand that ISMA CME staff will 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 ISMA CME staff 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 individual company.
	+ If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker’s bureau for any ineligible company, the promotional aspects of the presentation 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 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.

If you have any questions regarding your ability to comply, please contact Jessica Davis, CME Coordinator, at 317-261-2060, or by e-mail at jdavis@ismanet.org.

**Step 4: Declaration**

I will uphold the ISMA CME standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this continuing education activity. I understand that CME 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).

Click here to enter text.

Click here to enter text.

**Signature/Printed 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: Jessica Davis, CME Coordinator, at*** ***jdavis@ismanet.org***

**Glossary of Terms as Defined by the**

**Accreditation Council on Continuing Medical Education (ACCME)**

**Ineligible Company *(formerly known as “Commercial Interest”)***

The ACCME defines an “ineligible company” as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**Financial Relationships**

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

**Relevant Financial Relationships**

ACCME focuses on collecting information about **all** financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME classifies financial relationships as “relevant” if the educational content an individual can control is related to the business lines or products of the ineligible company.

**Conflict of Interest**

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of an ineligible company with which he/she has a financial relationship. The ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

**FOR CME OFFICE USE ONLY**

**MITIGATION OF CONFLICTS OF INTEREST**

|  |  |
| --- | --- |
| Step 1 | Owners/Employees of Ineligible Company (IC) |
|[ ]  Not an employee/owner of IC (go to Step 2) |
| [ ]  | Planning Committee employee/owner of IC (choose from below): |
|  | [ ]  No planning has occurred – individual is fully recused from committee  |
|  | [ ]  Planning has occurred – activity will not be accredited |
|[ ]  Faculty/speaker employee/owner of IC (choose from below): |
|  | [ ]  Faculty/speaker is not allowed to present |
|  | [ ]  Activity will not be accredited |
| Step 2 | Conflict of Interest (COI) |
|[ ]  No relevant financial relationship (no COI) |
| [ ]  | Potential COI – presenter (choose from below): |
|  | [ ]  Presentation materials reviewed to ensure fair balance, scientific objectivity and nocommercial bias |
|  | [ ]  Presenter will refrain from making recommendations on topics of COI |
|  | [ ]  All recommendations for patient care are based on peer review data |
|  | [ ]  Discontinue contracted services that create financial relationship – must disclose such relationship to audience for **24** months |
|  | [ ]  Individual excluded from content creation and delivery; was replaced with another presenter |
|  | [ ]  Activity will not be accredited |
| [ ]  | Potential COI - planner |
|  | [ ]  Planner recused from planning content relevant to reported COI |
|  | [ ]  Another non-conflicted planner will participate in planning to ensure fair balance; non-conflicted planner will review proposed content to ensure it is free from potential bias; non-conflicted planner will oversee selection of faculty |

 Reviewed/Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ ***Updated: May 26, 2021***