



Conflict of Interest Disclosure

Please complete the following regarding your involvement in a CME accredited educational activity.

Thank you!

Title of Educational Activity: _____

Date(s) of Educational Activity: _____

Name: _____

Role in Educational Activity: Speaker Planning Committee Member
 Content Reviewer Author
 RN Subject Matter Expert Other - Describe: _____

Degree(s) or Credential(s): MD RN- please list degrees _____
 DO Social Work- please specify _____
 APN Therapist- please specify _____
 Emergency Medical Services Counselor- please specify _____
 PhD Other- please specify _____
 None

Current Employer: _____

Complete Street Address: _____

Phone Number _____ Email Address _____

Expertise - Describe your experience and years of education specific to this educational activity:

The potential for conflict of interest exists when an individual has the ability to control or influence the content of an educational activity and/or has a relevant financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. Commercial Interest, as defined by the ACCME/ANCC, is any entity producing, marketing, reselling or distributing health care goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes health care goods or services consumed by or used on patients.

Glossary of Terms

Commercial Interest - The ACCME defines “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. For more information, see www.accme.org

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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant Financial Relationships - ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant” financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest - Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

In the past 12 months, has there been an actual, potential or perceived conflict of interest for yourself or your spouse/partner? Yes No If yes, list the commercial interest(s):

If yes, what is the nature of the relationship? employee royalties
 research support consultant
 speaker's bureau stockholder
 Other - describe _____

____ I certify that the information I have provided is true and complete to the best of my knowledge. I understand that relevant financial relationships which I or my spouse/partner have with any commercial company whose product(s) I may discuss in my educational presentation must be disclosed prior to and will be listed in materials for CME certified activities.

Electronic signature _____

Reviewer Section - To be completed by Activity Chair ONLY if actual, potential or perceived conflict is reported

Resolution of Potential Conflicts of Interest:

Not Applicable - No relationship(s) with a commercial interest were disclosed

Not Applicable - Relationship(s) disclosed were found not to be "relevant" relationship(s)

Explanation of non-relevant relationship(s): _____

Actions to Resolve COI:

Removed individual from participating in all parts of this educational activity

Revised individual's role in activity so the financial relationship was no longer relevant

Not awarding contact hours for a portion or all of the educational activity

Review of educational materials for evidence of integrity/absence of bias by (add reviewer name in Notes)

Other _____

Integrity/Lack of Bias Procedure:

Presentation will be monitored to evaluate for commercial bias (document outcome in Notes)

Participant feedback will be reviewed to evaluate for commercial bias in the activity (document results in Notes)

Notes - may include such items as the name of the person who reviewed the materials for evidence of integrity/lack of bias, the outcome of monitoring the session for bias, the results of participant feedback, and other relevant comments

If there are additional concern(s) for potential bias that were not self-reported on this form, please report them here, along with their resolution.

Please type your name and credentials _____ Date _____

Electronic signature _____