



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
 Author
 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 an ineligible company, the products or services of which are pertinent to the content of the educational activity. Ineligible company, is defined on following page.

Note: Employees and owners of ineligible companies are by default not to be in a position to influence the content of a CME activity (speaker, planner, etc). The exceptions are narrow, and this must be discussed with the CME office prior to proceeding.

Glossary of Terms

Ineligible Companies - those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

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.

Relevant Financial Relationships - ACCME focuses on financial relationships with ineligible companies in the 24-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 24 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 an ineligible company with which he/she has a financial relationship.

In the past 24 months has there been a actual, potential or perceived conflict of interest? ___Yes ___No

If yes, list the ineligible company(ies):

If yes, what is the nature of the relationship? ___employee/owner ___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 have with any 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 an ineligible company 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 _____