



Disclosure of Financial Relationships Form							
Activity Title:						CID #	Activity Date:
Name:							
Check all that apply:	Faculty <input type="checkbox"/>	Activity Director <input type="checkbox"/>	Reviewer <input type="checkbox"/>	Editor <input type="checkbox"/>	Author <input type="checkbox"/>	Moderator <input type="checkbox"/>	Planning Committee <input type="checkbox"/>
Topic:							

Information You Need to Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

Why We Ask: As an accredited provider, we require your assistance to comply with accreditation guidelines and help us create high-quality Accredited Continuing Education (ACE) that is independent of industry influence. To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this ACE activity must disclose all financial relationships with all companies - whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients - over the past 24 months. **To confirm your participation in this ACE activity, we ask that you complete and return this form within seven days of the receipt of this document.**

What to Disclose:

- There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, **not** those of your spouse or life partner.
- We ask you to disclose all financial relationships regardless of whether or not you view the relationships as relevant to the ACE activity. Staff will determine if the information that you provide is relevant to the topics of the ACE activity in which you will participate.
- Since healthcare professionals serve as the trusted authorities when advising patients, they must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.
- If the staff determine that the financial relationships create a conflict of interest, the staff will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, etc.).
- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

Disclosure Form Required by The Standards for Integrity and Independence

This section to be completed by the Planner, Faculty, Author, Content Reviewer or Others Who May Control Educational Content:

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). 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, regardless of the amount, with ineligible companies.

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Required fields are indicated with an asterisk (*) and must be completed, the form cannot be submitted without an answer.

Within the past 24 months, have you received financial support (in any amount) from an ineligible company (including employment, consulting, research grant support, honoraria, etc.)?

- Yes. In the past 24 months, I have an existing and/or have had a financial relationship with an ineligible company (list these relationships below).
- No. In the past 24 months, I have not had a financial relationship with an ineligible company. (Skip to Unlabeled/Investigational Uses section)

<p>First, enter the name of the ineligible company. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards.</p> <p>Second, enter the nature of financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.</p> <p>Third, describe your role.</p>			
	Nature of Financial Relationship (Include all those that apply)		
	What was received? Please select from the list below	For what Role? Please select from the list below	Relationship Ended (Yes or No)
Ineligible Company			
<p>What was received: 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.</p>	<p>Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).</p>		

Unlabeled/Investigational Uses

Should your presentation include discussion of any unlabeled/investigational use of a commercial product, you are required to disclose this to the participants. **Please indicate below whether you intend to discuss** unlabeled/investigational uses of a commercial product.

Please (choose one):

- Yes, I plan on discussing unlabeled/investigational uses of a commercial product and will disclose this to the audience.
- No, I do not plan on discussing unlabeled/investigational uses of a commercial product.

If yes, please describe the off label discussion: _____

Attestation

I have disclosed all relevant financial relationships and I will disclose this information to learners.

Yes No

The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.

Yes No

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. I agree 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.

Yes No

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested.

Yes No

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis.

Yes No

If I am discussing specific healthcare 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.

Yes No

Signature of Individual Providing Disclosure

Date

To be completed by Activity Coordinator

Action taken:	<input type="checkbox"/> No financial relationship with an ineligible company was disclosed.
	<input type="checkbox"/> Relationships exist, the Activity Director must complete and submit the Resolution of Conflict of Interest Form.
	<input type="checkbox"/> Employee of ineligible company, the Activity Director and one other faculty member with content expertise and no financial relationship with the ineligible company must review the materials and complete and submit the Resolution of Conflict of Interest Form.