

CME Presenter Disclosure Form

Name of Presenter: _____ CME Activity Date: _____

CME Activity: _____

Purpose. The Accreditation Council for Continuing Medical Education (ACCME) requires CME providers to identify and resolve all potential conflicts of interest of planners and presenters prior to a CME activity (i.e. all individuals in a position to control the content). When current relevant relationships are disclosed, the Faculty Planner must resolve any potential conflicts. Information on the disclosure form is conveyed to the audience prior to the activity.

Definition. "Relevant financial relationships" are those in which an individual (including individual's spouse/domestic partner) *has both*:

- (1) **a personal financial relationship** (any amount) with a commercial interest producing health care goods/services in the past 12 months (whether relationship has now ended or is currently active)
- (2) **control in planning or presenting educational content addressing specific products** of the commercial interest (not simply a whole class of products as a group).

(No disclosure needed for relationships with non-profit or government organizations or proprietary entities not producing health care goods or services.)

Disclosure. Regarding my role in the CME activity listed above, currently or in the past 12 months (check one):

- I have/had NO relevant personal financial relationship.** (Go to Signature section following the box below.)
- I have/had BOTH (1) a personal financial relationship** with a commercial interest and **(2) will control educational content** about the products of the commercial interest. (Complete next section, then go to Signature section following the box below.)

Type of Personal Financial Relationship	Name of Company(s) Whose Products Will Be Addressed	<u>Relationship Status</u>	
		Ended	Current*
Consultant	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Speaker's Bureau	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Grant/Research Support (Principal Investigator or working directly for company/company's agent)	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Stock Shareholder (self managed)	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Other (e.g., royalty, employee) <i>[describe]</i> :	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *

• If any "Current Relationship" is checked, the Faculty Planner must complete the Resolution section below.

Signature of Presenter

Date

Resolution. If current conflicts of interest are present, the CME Faculty Planner, must complete this section. To assure independence and balance of content, current conflicts of interest were resolved by the following process (check one):

- Peer review
- Omitting recommendations for specific products
- Individual ended relationship
- Recommendations based on structured review for best evidence
- Selected an alternative person
- Other (describe): _____

Signature of Faculty Planner

Date

Please return completed disclosure form to: _____
By: _____