

CME Presenter Disclosure Form

Name of Presenter: _____ CME Activity Date: October 21-22, 2011
 CME Activity: FREDERICK A. COLLER SURGICAL SOCIETY

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 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-profits, government units, or 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	Relationship Status	
		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"/> *

Balance in content: As a CME presenter, I am aware that:

- Presentations, individually or in combination during the activity, must give a balanced view of the therapeutic options.
- Generic names of products contribute to impartiality. If trade names are used, those of several companies should be used.
- For FDA regulated products, unapproved uses (i.e., "off-label" uses) must be identified as such.
- If information is to be presented that is not established medical practice, the information must be identified as such.

Signature of Presenter

Date

• If any "Current Relationship" is checked in the box above, the Faculty Planner must complete the "RESOLUTION" section below.

Resolution. To assure independence and balance of content, current conflicts of interest were resolved by the following process (check one):

- | | |
|---|---|
| <input type="checkbox"/> Peer review | <input type="checkbox"/> Omitting recommendations for specific products |
| <input type="checkbox"/> Individual ended relationship | <input type="checkbox"/> Recommendations based on structured review for best evidence |
| <input type="checkbox"/> Selected an alternative person | <input type="checkbox"/> Other (describe): _____ |

Signature of Faculty Planner

Date

Please return completed disclosure form to: _____

By: _____