Disclosure of Financial Relationships

Name of Individual:	
Role: *(Speaker, moderator, Planning Committee, Chair, Reviewer, Author etc.)*	
ACS Member ID Number *(If readily available):*	
Name of Activity:	**2026 Annual Meeting – Virginia Chapter**

In accordance with ACCME regulations (ACCME Standard 3), the American College of Surgeons must ensure that anyone who is able to control the content of the activity has disclosed **all financial relationships with any ineligible companies in the 24 months prior to their involvement in the educational activity.** There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to this education.

Ineligible Company: Companies that are ineligible to be accredited in the ACCME system (ineligible companies) are those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.
Financial Relationships: Financial relationships are relevant if the following three conditions are met for the individual who will control content of the education: 1) a financial relationship, in any amount, exists between the person in control of content and an ineligible company; 2) the financial relationship existed in the last 24 months; 3) the content of the education is related to the products of an ineligible company with whom the person has a financial relationship.
Has the Financial Relationship Ended? If the financial relationship has existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

All CME Planners and Speakers /Moderators/Discussants/Authors/Editors etc. involved in the development and/or presentation of CME content must complete this form. **This form must be updated whenever circumstances require.** As relevant, all disclosure information for speakers must be revealed by a slide at the beginning of the presentation.

☐ I do not have personal financial relationships with any ineligible companies as defined above.

☐ I am an owner or employee of an ineligible company. I am to be excluded from controlling content or participating as faculty in accredited education unless the planning chair determines that I meet an ACCME exception on page 2 of the Mitigation Section. For more information: ***ACCME Standard 3***

☐ I am a stockholder of a privately held ineligible company (not through a mutual fund or pension plan). I am to be excluded from controlling content or participating as faculty in accredited education unless the planning chair determines that I meet an ACCME exception on page 2 of the Mitigation Section. For more information: ***ACCME Standard 3***

☐ I **do** have financial relationship(s) with ineligible companies as defined above.

a. List the names of companies that you have a financial relationship with currently or have had in the last 24 months.
b. Explain what you received (i.e., salary, honorarium, stock options, travel expenses, etc.)
c. Specify your role (i.e., planner, faculty, author, content creator, content reviewer, moderator, etc.)
d. Indicate Yes or No if the financial relationship has ended.
e. As a result of your disclosure of a financial relationship with an ineligible company, a designated official will contact you to discuss the possible conflict of interest, and determine the most appropriate management strategy to ensure unbiased CME content

Company Name	For What Role (the nature of the relationship) and What I Received	Has the Relationship Ended?
Example: American College of Surgeons	***Consultant: Honorarium, travel expenses, stock options***	***Yes or No***

☐ I agree that I will not accept honoraria, travel expenses, in-kind contributions, or any other support from commercial companies/ineligible companies in connection with this activity.

☐ If any of the information reported above changes, I will **notify ACS immediately** and update this form accordingly.

By signing or typing my name below, I certify that I have identified and disclosed all financial relationships with any ineligible companies (in the last 24 months) and that all information provided herein is true and correct.

Name: _____

If a financial relationship is noted above, a designated official must complete page 3 after discussing ways to mitigate the conflict of interest with you. As relevant, this mitigation and the Mitigation Section must be completed prior to the start of the planning process.

Failure or refusal to disclose or the inability to mitigate an identified conflict will result in the withdrawal of the invitation to participate.

Date: _____

Mitigation

This section should be completed by a designated official (Program Chair or Co-Chair (MD or DO), Program Director) only if a financial relationship with an ineligible company is reported above. The designated official must indicate how the potential conflict can be mitigated. For questions regarding the mitigation process please contact cpda@facs.org

Name of Designated Official (MD/DO) Completing Form:	
Financial Relationship with Ineligible Company Identified Above:	
Role or Presentation Title (if planning committee member, speaker, moderator, content reviewer, etc.):	
Mitigation Plan. Note options for mitigation of a planner are highlighted in red. When mitigating, a planner select from one of those two options *only*. (Please select one (1) from the listed options):	❑ Reviewed the individual's disclosed conflict and determined that it is not relevant to his/her role in the educational activity. ❑ Removed individual with conflict of interest from participating in parts of the educational activity. ❑ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity. ❑ Not awarding credit for a portion of the educational activity. ❑ Undertaking review of the planning process of the activity, including selection of topics/speakers based on the best available evidence. ❑ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias. ❑ Monitoring the educational activity to evaluate for commercial bias in the presentation. ❑ Reviewing participant feedback to evaluate for commercial bias in the activity. ❑ **The planner** is recused from any aspects of planning content that is related to their financial relationship. ❑ A **planner with no relevant relationship** has **reviewed the planner with a relevant financial relationship** prior to engagement in the planning of this activity. ❑ Other (describe): By inputting your name below, you are verifying that the statements and information provided are true and correct, and you are attesting to the validity of all contents within this electronic submission. *Signature (Required):* _____ *Date (Required):* _____

Mitigation Plan for Individuals who are owners, employees, or stockholders of privately held ineligible companies (Please select from the listed options):	**ACCME Exceptions – Please Select:** ☐ When the content of the activity is not related to the business lines or products of their employer/company. ☐ When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations. ☐ When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used. ☐ None of the exceptions apply and **I am excluded** from controlling content or participating as faculty in accredited education.