

**PRESENTER/PLANNER FINANCIAL RELATIONSHIPS FORM**

**ABOUT FINANCIAL DISCLOSURE**

As a prospective planner/presenter, we ask that you help the Washington School of Psychiatry provide a balanced, independent, objective, and scientifically rigorous learning environment. We are required to ensure that all speakers, planners, or others who may control a sponsored activity disclose to the activity audience any significant financial interest or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity. The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments\*. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation. In addition, speakers must make a meaningful disclosure to the audience of their discussion of unlabeled or unapproved drugs or devices.

*Note: We are required to disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance.*

ACTIVITY INFORMATION			
Activity Title		Activity Date	
Role in Activity (Select all that apply)	<input type="checkbox"/> Planner	<input type="checkbox"/> Presenter	<input type="checkbox"/> Author/Writer
	<input type="checkbox"/> Moderator	<input type="checkbox"/> Reviewer	<input type="checkbox"/> Other:

PLANNER/PRESENTER INFORMATION	
Full Name (with credentials)	
Title	
Affiliation	
Email Address	

FINANCIAL DISCLOSURE
(To be complete by planners, presenters, or others who may control educational content)
Please disclose <b>all financial relationships</b> that you (or you partner/spouse) have had in the <b>last 24 months</b> with ineligible companies*. 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 and regardless of the potential relevance of each relationship to the education.
<i>Note: An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. (Non-profit or government organizations and non-health care related companies are considered exempt.)</i>
Are you an owner or employee of any ACCME-defined <b>ineligible companies</b> ? (For specific examples, <a href="#">click here</a> .)
<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Note: Owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, except in the limited circumstances outlined in Standard <a href="#">3.2</a>.</i>

Have you (or your partner/spouse) had any financial relationships in the **last 24 months** with any **ineligible companies**?

No. Read attestations and sign below.  Yes. List financial relationships, read attestations, and sign below.

INELIGIBLE COMPANY NAME	NATURE OF RELEVANT FINANCIAL RELATIONSHIP(S) Employee, Grants/Research Support Recipient, Board Member, Consultant, Advisor or Review Panel member, Speaker, Executive Role, Ownership Interest, Honorarium Recipient, Independent Contractor (includes contracted research), Royalties, Holder of Intellectual/Property, Rights, Other (please indicate)  <i>Note: 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.</i>	HAS RELATIONSHIP ENDED? the financial relationship 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
Example: ABC Company	Consultant	<input checked="" type="checkbox"/>
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>

**IDENTIFYING & MITIGATING RELEVANT FINANCIAL RELATIONSHIPS**

MECHANISMS USED TO RESOLVE CONFLICTS OF INTEREST (Select all that apply)	
<u>Speaker/Authors</u>	<u>Planners</u>
<input type="checkbox"/> I will support my presentation and clinical recommendations with the “best available evidence” from mental health and medical literature.	<input type="checkbox"/> To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
<input type="checkbox"/> I will refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.	<input type="checkbox"/> I will recuse myself from planning activity content in which I have a conflict of interest.
<input type="checkbox"/> I will recommend an alternative speaker for this topic for the planning committee’s consideration.	
<input type="checkbox"/> I will submit my presentation in advance to allow for adequate peer review.	
<input type="checkbox"/> I will or have divested myself of this financial relationship.	

*Note: Additional information may be requested to resolve conflicts of interest. Disclosure will be made to participants prior to the educational activity*

**ATTESTATION**

Please read the following attestations:

- My disclosure provided above is accurate for the past 24 months.
- I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity and I agree to comply with the WSP conflict of interest policy.
- I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA)
- I will inform learners when I discuss or reference unapproved or unlabeled uses of therapeutic agents or products.
- I understand the above information must be disclosed to the audience before the presentation of educational content
- I will contact the school if there are any changes to my financial relationships prior to the start of the activity.
- I attest that the above information is correct as of this date of submission.

I have read and understand the above attestations. I agree to abide by the policies and regulations in this form.

Signature:

Date:

FOR OFFICE USE ONLY			
Reviewer		Date	
Actions Required		<input type="checkbox"/> None	