

Name: _____

Activity Title: _____

Date of Activity: _____

Role in Education:

- ☐ Planning committee, staff involved in choosing topics, faculty, or content ☐ Reviewer
☐ Faculty, Teacher, Instructor ☐ Other: [Click here to enter text.](#)
☐ Author, Writer

It is the professional responsibility of all ACCME providers of accredited continuing education to ensure that our educational activities are in compliance with the *Standards for Integrity and Independence*. As a prospective planner or faculty member, we ask for your help in protecting our learning environment from industry influence. Please complete this required Financial Disclosure to identify any relevant financial relationships. Submission of this document is required as soon as possible. If you have any concerns, please contact our CME program staff.

To be Completed by the Planner, Faculty, 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. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Planning Committee Members

At the start of the planning meeting, the Activity Chair will remind those that have indicated a potential conflict of their responsibility to disclose any bias during the meeting that could result in a conflict of interest. In addition, please note that you must recuse yourself from involvement in any discussion where there is a potential for bias based on your financial interests.

Enter the Name of 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 .	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.	Has the Relationship Ended? If 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"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

<input type="checkbox"/>	In the past 24 months, I have not had any financial relationships with ineligible companies
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If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether relevant financial relationship exists, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to mitigate conflicts will require the planning committee to exclude my content from accredited education.

I attest that the information provided in this disclosure form is correct as of the date of submission.	Click here to enter text.
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PLEASE COMPLETE THE FOLLOWING

Disclosure of Unlabeled/Unapproved Use of Pharmaceuticals and/or Medical Equipment/Products

<input type="checkbox"/>	I DO NOT plan to discuss any off label use
<input type="checkbox"/>	I DO intend to reference unlabeled/unapproved uses of drugs and/or products
<input type="checkbox"/>	Specify product by name: Click here to enter text.
<input type="checkbox"/>	Specify unlabeled/unapproved use to be discussed: Click here to enter text.

If you are a presenter, please complete the next two sections:

Learning Objectives – List 3 expected learning outcomes regarding knowledge, skills, attitudes, or professional practice.
(What will the participant be able to do better after viewing your presentation?)

1.	
2.	
3.	

Please describe how you will include Diversity, Equity, Inclusion, and/or barriers for communities of color into your content for this presentation:

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Glossary of Terms Regarding Commercial Support

Ineligible Companies - An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Financial Relationships - Financial relationships are those in which the individual benefits as a stakeholder, or provides a key role which may result in the receiving of a salary, royalty, intellectual property rights, consulting fee, honoraria, research grant, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Accreditation focuses on financial relationships with ineligible companies in the 24-month period preceding the time that the individual assumes a role in which they might influence or control the educational content of a CME activity. "Financial Relationships" can be in any amount occurring within the past 24 months that can create a conflict of interest.

Relevant Financial Relationship – A financial relationship of any amount with an ineligible company within the last 24 months AND the content of the education is related to the products of the ineligible company with whom the person has a financial relationship.

Disclosure – Planners and staff must complete and submit this disclosure form prior to any participation in planning meetings or discussions for the activity. Faculty, speakers, and authors must complete and submit this disclosure form prior to presentation.

Content is Valid – All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

Unlabeled and Unapproved Uses – Presentations that provide information in whole or in part related to non-FDA approved uses for drug products and/or devices must clearly acknowledge the unlabeled indications or the investigational nature of their proposed uses to the audience.

Use of Generic versus Trade Names – Presenters should use scientific or generic names when referring to products in their lectures or enduring materials. Should it be necessary to use a trade name, then the trade names of all similar products or those within a class should be used.

– For Use by CME Activity or Program Director –

On the basis of the information reviewed, I have determined that this individual has a **relevant financial relationship**.

Please select one: ☐ Yes ☐ No

If **Yes**, I have implemented this mitigation strategy for the relevant financial relationship (check all that apply):

- ☐ This **planner** will recuse themselves from controlling aspects of planning and content that pertains to their financial relationship.
- ☐ This individual's financial interests ARE related to the content of the activity, but recommendations regarding relevant products or services are not addressed in the presentation or instructional materials.
- ☐ This individual's content has been reviewed by persons without relevant financial relationships and found independent and free of advertising messages OR any possible bias has been rectified.
- ☐ The individual attests that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines).
- ☐ The relevant financial relationship could not be adequately mitigated, and no CME credit will be granted for this content.

Planning Committee/Faculty Name: _____ Date: _____

Activity Director's Name: _____ Activity Director's Signature: _____