

CME ACTIVITY CONFLICT OF INTEREST DISCLOSURE FORM

All persons who influence the content of CME activities are required to disclose relevant financial relationships with any **ineligible companies**. This includes planners, activity directors, presenters, authors, and administrative staff who participate in the design and development of content, as well as CME Committee members and reviewers who vet and approve proposed content. The intent of this form is to inform planners/presenters/reviewers of their obligations and to support the FSMB in mitigating potential conflicts of interest, thus assuring balance, independence, objectivity, and scientific rigor in all accredited content. If you have had a financial relationship with an ineligible company within the **past 24 months**, you must disclose that financial relationship.

Name:		Activity #:	
Activity Title:		Activity Date:	
<input type="checkbox"/> Course Director	<input type="checkbox"/> Planning Committee	<input type="checkbox"/> Speaker/Author/Contributor	<input type="checkbox"/> FSMB Board of Directors

Identified conflicts of interest will be resolved prior to an educational activity being delivered to learners through one of the following mechanisms 1) altering the financial relationship with the commercial interest, 2) altering the individual's control over CME content about the products or services of the commercial interest, and/or 3) validating the activity content through independent peer review. Learners will be asked to evaluate whether there is bias in the planning or presentation of the activity.

Disclosure

In the past 24 months, I have not had any financial relationships with any ineligible companies.

(If you check this box, you can skip to the Declaration sections at the bottom of this page. If you have, or have had, a financial relationship with an ineligible company now or within the past 24 hours, please complete the box below)

Type of Financial Relationship	Name of Commercial Interest/Company	Check The Box If The Relationship Has Ended
Formal Advisor (<i>i.e., scientific boards, review panels, board membership</i>)		<input type="checkbox"/>
Grant/Research Support		<input type="checkbox"/>
Speaker's Bureau		<input type="checkbox"/>
Full-time/Part-time employment		<input type="checkbox"/>
Consultant		<input type="checkbox"/>
Ownership Interest (<i>stocks, stock options, or other ownership interest</i>)		<input type="checkbox"/>
Other (please specify):		<input type="checkbox"/>

I intend to discuss unlabeled/unapproved use of a product or an investigational use of a product not yet approved by the FDA in my presentation. Drugs or products I will reference are:

By checking this box and submitting this form, you agree to comply with the following:

1. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether this relationship precludes my participation, and I may be asked to provide additional information.
2. I understand that it is necessary to update disclosure information should my status change.
3. I understand that failure or refusal to disclose, falsely disclose, or inability to mitigate conflicts of interest will disqualify me from participating in the activity.

4. All the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patients.
5. I will support my presentation and clinical recommendations with the best available evidence from current medical literature. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
6. I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
7. I agree to comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Additional information may be requested to resolve any conflict of interest.

Signature:

Date:

Glossary of Terms:

1. **Ineligible Company** – The ACCME defines an “ineligible company” as any entity whose primary business is producing, marketing, re-selling, or distributing health care goods or services used by or on patients. Providers of clinical services (i.e., hospitals, medical groups, etc.) are not usually considered ineligible companies.
2. **Financial Relationships** – are defined as those in which a person benefits by receiving a tangible financial benefit from an ineligible company (e.g., salary, royalty, consulting fee, honoraria, ownership interest such as stocks, stock options or other ownership interest, excluding diversified mutual funds). Financial benefits are usually associated with roles such as employment, management positions, independent contractor, consulting, speaking, and teaching, membership on advisory committees or review panels, board memberships, and other activities from which remuneration is received, or expected.
3. **Relevant Financial Relationships** – are defined as financial relationships in any amount occurring **within the past 24 months** that may create a **CONFLICT OF INTEREST** which potentially results when an individual has an opportunity to influence CME content that relates to the products or services of the ineligible company with which he/she has a financial relationship. It is the obligation of the CME provider to determine relevance.