

## CME Disclosure Form

Dear Prospective Planner/Faculty Member:

We are looking forward to having the opportunity to include you as a potential planner and/or instructor/faculty, in the accredited continuing education program.

We appreciate your help in partnering with us to follow accreditation guidelines and to help create a high-quality education that is independent of industry influence. In order to participate as a person who will be able to control the educational content of this accredited CME activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past twenty-four (24) months. We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education to be provided. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit [acme.org/standards](http://acme.org/standards).

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete this form and return to the CME Office. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing medical education.

If you have any questions about these expectations, please contact the CME Coordinator at [Kara.Melin@RSFH.com](mailto:Kara.Melin@RSFH.com). Thank you.

### Section 1 – Disclosure Information

<b>Name of Individual:</b>	<b>Title of Continuing Education:</b>
<b>Date and Location of Education:</b>	<b>Individual prospective role(s) in education – choose all that apply</b> <input type="checkbox"/> Planner <input type="checkbox"/> Teacher, Instructor, Faculty <input type="checkbox"/> Other: CME Coordinator
<input type="checkbox"/> In the past 24 months, I have not had <b>any</b> financial relationships with any ineligible companies. <b><i>Please go to section 4.</i></b>	
<input type="checkbox"/> In the past 24 months, I have had financial relationships with any ineligible company. <b><i>Please go to sections 2, 3 and 4.</i></b>	

## Section 2 – Financial Relationships

<b>To be completed by Planner, Faculty, or Others Who May Control Education Content</b>		
Please disclose <b>all financial relationships</b> that you may have had in the past twenty-four (24) months 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, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.		
<b>Print the Name of Ineligible Company</b>  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 <a href="http://acme.org/standards">acme.org/standards</a>	<b>Enter the Nature of the Financial Relationship</b>  Examples of financial relationships include employee, researchers, 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 received the research grant and manages the funds.	<b>Has the Relationship Ended?</b>  If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help education staff to determine if any mitigation steps need to be taken.
<b>Ex: Company Name</b>	<b>Nature of Conflict</b>	<b>X</b>

## Section 3 - Mitigation of Conflict of Interest

If you have relevant financial relationships as indicated in Section 2, please choose one of the following ways you choose to mitigate any potential conflict of interest in the educational program. If these options don’t meet your needs, please reach out to the CME Office. The CME Office will review and contact you if further information is required. All relevant financial relationships are shared with learners prior to the educational program.

<u>Planners with Relevant Financial Relationships</u>	<u>Faculty/Speaker/Other with Relevant Financial Relationships</u>
<input type="checkbox"/> As a planner I will ensure the absence of commercial bias in the planning process. My input will be peer reviewed by other peer planners with no relevant financial relationships.	<input type="checkbox"/> As a faculty/speaker, my presentation will be peer reviewed to ensure evidence-based content and absence of commercial bias prior to the program.
<input type="checkbox"/> As a planner, I have recused myself from controlling aspects of planning and program content for which I have a conflict of interest.	<input type="checkbox"/> I agree to refrain from making recommendations regarding products or services and limit my presentation to pathophysiology, diagnosis, and/or research findings.
<input type="checkbox"/> My financial relationship(s) do not relate to the educational content.	<input type="checkbox"/> My role has been changed and I will no longer be speaking about issues relevant to the product or services of my ineligible company interests.
<input type="checkbox"/> I will divest all financial relationships to the learners.	<input type="checkbox"/> The content of the educational activity is not related to the business lines or products of their employer/ineligible company
	<input type="checkbox"/> I will divest all financial relationships to the learners.

#### **Section 4 - Guidance for Planners, Authors, and Faculty: Ensuring that Clinical Content is Valid**

As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, and effective patient care. This includes the expectations that:

1. 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.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Content cannot be included in accredited if it advocates for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

**Please check the box below to acknowledge the understanding of clinical content validation.**

As a planner, author and/or faculty member to the program, I will ensure the clinical content is valid for the educational activity.

<b>I attest that the above information is correct as of the date of submission:</b>	
Print Name:	Signature:
Date:	Title: