

## CME Financial and Commercial Disclosure Form

Activity Title:	Activity Date:
Name:	<input type="checkbox"/> Medical Course Director <input type="checkbox"/> Planning Committee Members <input type="checkbox"/> Speaker/Moderator

As a provider accredited by the Medical Association of Georgia, Roper St. Francis Healthcare must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. Any individual being considered to participate in a sponsored activity who is in a position to control the content is required to disclose any financial relationships\* with commercial interests\*\*. The intent of this disclosure is to aid the Continuing Medical Education in determining: 1) if a conflict of interest exists; and, if so, 2) if that conflict can be resolved. All such information disclosed by everyone appointed to participate in the CME activity will be disclosed to the CME activity participants. Refusal to disclose prohibits participation.

**Definitions:**

**\*Financial Relationship:** Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock, stock options or other ownership interests, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. The Medical Association of Georgia/ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse, partner. The AAME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**\*\*A Commercial Interest:** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on patients.

**Please read carefully and answer each section.**

**1. Do you or your family members (your spouse/legally recognized domestic partner) currently (within the past 12 months) have a financial interest with any commercial interests?**

**Yes**  **No** (If you answer yes, please list all financial interests, arrangements, or affiliations with the following commercial interests. *If additional space is needed, please attached a separate attachment*).

<b>Nature if Financial Relationship - Print</b>					
List of Commercial Interests	List of Grant/Research Support	Consultant	Stockholder	Speaker Bureau	Other – Be Specific

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**2. Have you ever been excluded, debarred, suspended, or otherwise deemed ineligible to participate in federal health care programs or in federal procurement or non-procurement programs or been convicted of a criminal offense that would result in mandatory exclusion from such programs or debarred or excluded by another federal agency?**

Yes  No

(If yes, please notify the RSFH CME Office immediately if any of these events occurs prior to the completion of the CME Program).

**3. During the last two years, have you violated or received notice of any violation or potential violations related to ACCME or other continuing education/continuing professional development policies and standards?**

Yes  No

**4. Are you receiving any direct payment from a commercial entity with respect of the CME activity?**

Yes  No

(If yes, please list the payment and amount)

**5. Roper St. Francis Healthcare, in accordance with the Accreditation Council for Continuing Medical Education (ACCME), and the American Medical Association (AMA) policies on assuring the independence of CME activities require all CME faculty/Speakers/Planners attest to the following three statements:**

(1) 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 contraindications in the care of patients (ACCME July 2002);

2) All scientific research referred to, reported or used in a CME activity in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis (ACCME July 2002); and

3) Research findings and therapeutic recommendations are based on scientifically accurate, up-to-date information and are presented in a balanced, objective manner (AMA 2002).

**Please acknowledge that you agree to follow the standards as outlined above:** \_\_\_\_\_  
Initials

**6. Resolution of Conflict of Interest: IF a financial relationship exists, please choose one of the four.**

(1) I will refrain from making recommendations regarding products or services, I will limit presentation to pathophysiology, diagnosis, and/or research findings.

Yes  No

(2) I will recommend an alternative presenter for this topic for the planning committee's consideration.

Yes  No Please list the alternative presenter: \_\_\_\_\_

(3) I will submit my talk to the CME Office at least **2 weeks BEFORE** the meeting to allow for adequate peer review.

Yes  No (CME Meeting Date: \_\_\_\_\_)

(4) I will divest my financial relationships to the learners.

Yes  No

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**7. The Commercial Support Standards require that your presentation be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. Presentations must give a balanced view of therapeutic options. When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several companies where available must be used.**

I attest that my presentation or discussion contributions will be free of commercial bias:  Yes  No

Signature:	Date:
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