

# Disclosure of Relevant Financial Relationships for Continuing Medical Education

Name and Degree (or credentials):

CME/CE Activity Name:

Commercial Supporters (if applicable):

Presentation Title (if applicable):

Select Role(s):  Planner  Course Director  Moderator/Faculty  Presenter/Author  Reviewer

Other:

## CRITERIA FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS WITH COMMERCIAL INTERESTS RELATIVE TO THIS CME ACTIVITY

- 1. RELATIVE TO THIS ACTIVITY**, instructors, planners, content reviewers and managers who affect the content of a CME activity are required to disclose financial relationships they have with commercial interests (i.e., any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients). The ACCME does not consider providers of clinical services directly to be commercial interests.
2. Disclose financial relationships with a commercial interest relevant to the activity.
3. You are to disclose financial relationships that fit #2 above **in any amount** that has been received **over the past 12 months ONLY**.
4. Financial relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition **do not have to be disclosed**.
5. Honoraria received, or consulting funds, from a CME provider, even though those funds may have been provided to that CME/CE provider through an educational grant from a commercial interest, **do not have to be disclosed**.
6. If you are a **principal investigator** for a clinical research project, you must report that research relationship below under "Contracted Research" even if those funds came to an institution. Non-P.I. investigators need not report this relationship.
7. If your spouse or life partner has a relevant financial relationship with a commercial interest (e.g., is employed as the VP-Marketing), or provides marketing advice to a commercial interest that is relevant to this activity, **you must include that disclosure in the table below**.
8. In accordance with ACCME requirements, failure to provide disclosure information in a timely manner will result in the disqualification of the potential planner, course director, moderator, faculty, presenter, author or reviewer from this activity.
9. In accordance with ACCME requirements, **you may not participate as a member of a CME course planning committee or faculty if you are an employee or owner of a commercial interest (CI)** such as a pharmaceutical/device or biologic company or any other CI as defined by the ACCME [i.e., any entity producing, marketing, re-selling, or distributing health care goods or services related to his or her employer (such as pre-product research mechanisms).]

## PART I: NATURE OF RELEVANT FINANCIAL RELATIONSHIPS:

1. Are you, your spouse/life partner an employee or owner of a commercial interest that is relevant to this activity?  Yes  No
2. Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest relative to the content of this activity?  Yes  No

Please include below only those relationships relative to this activity.

<b>Check the Type of Financial Relationship</b> WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include relevant spouse/life partner relationships	<b>Indicate the Name of the Commercial Interest</b> WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include relevant spouse/life partner relationships
<input type="checkbox"/> Speakers Bureau (paid directly by commercial interest)	
<input type="checkbox"/> Consulting Fee	
<input type="checkbox"/> Royalty	
<input type="checkbox"/> Receipt of Intellectual Property Rights/Patent Holder	
<input type="checkbox"/> Fees for Non-CME Services Received Directly from a Commercial Interest or its Agent ( <i>an accredited ACCME provider is not an agent for a commercial interest, whereas a company acting for a commercial interest in a promotional activity is an agent.</i> )	
<input type="checkbox"/> Contracted Research. <i>If you are a principal investigator, you must report a financial relationship (even if grant funds are managed by your institution). Non-P.I.s need not report.</i>	
<input type="checkbox"/> Stocks, stock options, or other ownership interest ( <i>ownership of diversified mutual funds is not reportable</i> )	
<input type="checkbox"/> Other (please describe):	

If you reported relevant financial relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?  No  Yes

## PART II: UNLABELED/UNAPPROVED DRUGS

Do you intend to reference unlabeled/unapproved uses of drugs or products in your presentation?

- No. Skip to Part III below.**  **Yes.** Provide the names of the drugs or products you will reference below.

## PART III: ATTESTATION OF CME/CE VALUE STATEMENTS

Please indicate your understanding of and willingness to comply with each statement below. If any statements do not apply to your participation in this activity, please select "N/A." If you require clarification of these statements or have questions regarding your ability to comply, please contact the University of Louisville CME & PD Office (cmepd@louisville.edu or 502-852-5329) immediately.

Agree	Disagree	N/A	Value Statement
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed all relevant financial relationships and I will disclose this information to learners.
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for <u>this</u> activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria, additional payments or reimbursements <i>directly from a commercial interest</i> for my participation in <u>this</u> activity.
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that Office of CME & PD may need to review my presentation and/or content prior to <u>this</u> activity, and I will provide educational content and resources in advance as requested.
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis.
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA.
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial interest or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.
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**My signature (or typed name for e-filing) below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information. I am aware that financial disclosure information provided on page 2 of this form will be shared with learners prior to their engagement in this CME activity.**

Signature:

Date:

**INSTRUCTIONS:**  
 Please E-mail a copy of this completed form to the course coordinator. You can save a copy to your computer file (pdf format) and then attach it to your email. If you cannot save a pdf file on your computer, then print the form and fax it to the course coordinator. If you are having any difficulty you may contact the CME & PD office (502) 852-8973, for assistance.