



Faculty & Planning Committee Member Disclosure

Date: _____

Your Name: _____

Your Role:

<input type="checkbox"/> Faculty or Presenter	<input type="checkbox"/> Member of Planning Committee
<input type="checkbox"/> Chair of CME Committee	<input type="checkbox"/> CME Coordinator
<input type="checkbox"/> Member of CME Committee	<input type="checkbox"/> Other _____

Everyone who is in a position to control the content of an educational activity must disclose to us, throughout the planning and delivery phases, the nature of any relationship with an ineligible company. This includes members of the planning committees and staff, as well as the faculty.

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

A conflict exists when an individual has a financial relationship with an ineligible company and the opportunity to affect the CME content related to that relationship. The intent of disclosure is not to disqualify a speaker or program planner from participating in the educational activity but takes steps to mitigate disclosures to ensure that the educational content is independent from industry influence. The PAC/LAC CME Committee will review disclosures and you may be asked to furnish further information.

To identify any potential conflicts, please complete this disclosure statement and return it **IMMEDIATELY**. This information is necessary for us to plan this CME activity. If you refuse to disclose financial relationships, you will be disqualified/recused from being a part of the planning and/or implementation of this activity.

Instructions

Please list any financial relationships with an ineligible company: defined as a company whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by, or used on, patients. For examples of ineligible companies visit accme.org/standards

Types of financial relationships requiring disclosure include the following:

- Ownership or part ownership of commercial interests
 - Membership on boards of directors or trustees or advisory committees of ineligible companies
 - Grants or research support from ineligible company (excluding grants from government or non-profit, independent foundations)
 - Employee of ineligible company
 - Consultant for ineligible company
 - Stockholder (excluding mutual fund holdings) of commercial interests
 - Member of speaker's bureau of ineligible company
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Please note the following:

- There is no set minimum dollar amount for these financial relationships and they must be disclosed if they occurred within the **past 24 months** (use date of activity as reference point).
- The nature of the relationship and the name of the company must be noted in the disclosure. However, indicating a financial amount is not necessary.

At the time of the activity, either in the syllabus or prior to your presentation, your relevant financial relationships will be disclosed to the audience.

Name of Company An ineligible company is an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients	Nature of Relationship Examples include: employee, researcher, consultant, advisor, speaker, contractor, 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 should be disclosed by the PI even if that individual's organization receives the grant and manages the fund.	Has the relationship ended If the relationship existed during the past 24 months, but has now ended, please check the box.
		<input type="checkbox"/>
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* PAC/LAC is not inquiring about the monetary amount.

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

Date:	Signature:

For CME Coordinator and Committee			
Date Reviewed	Disclosure	Steps taken to mitigate	Date implemented