Financial Relationship Disclosure for CME Presenters, Panelists, Moderators



Name			
Role (e.g., Planning Committee Committee Chair, Activity Direc Moderator, Panelist, etc.)			
Activity or Conference Title			
Activity Date OR Planning Year for which Disclosure is Valid			
The purpose of this form is to ider with ineligible companies. The AC or distributing health care good relationships a conflict of interest opportunity to affect the content of the CHECK ONE OF THE BOXES BE	CCME defines an inelig ds or services consun when individuals have of CME.	pible company as any entity proned by, or used on, patients. The both a financial relationship with a	ducing, marketing, re-selling e ACCME considers financial in ineligible company and the
☐ I have no relevant financial in healthcare goods or services c		y entity producing, marketing, ro on, patients.	e-selling, or distributing
	l relationship(s) with	ible companies you have had with entities producing, marketing, r d on, patients:	
Company	Type of Relationship*	Service/Product/ Clinical Area	Relationship has ended (month/year)
_	Type of	Service/Product/	
_	Type of	Service/Product/	
_	Type of Relationship*	Service/Product/	
Type of relationship may inclupanel, research or other grant recintellectual property/patent holder other financial relationship. Note: commercial interests unless the p	Type of Relationship neet if necessary.) de independent contracipient, paid speaker or convership interest (proposed to the contraction of the ACCME does not provider is owned or conversion of the contraction of the con	ctor, consultant, advisory committe teacher, membership on advisory coduct royalty/licensing fees, ownic consider providers of clinical servintrolled by an ineligible company.	ee, board membership, expert committees or review panels, ng stocks, shares, etc) or any ices directly to patients to be
Type of relationship may inclupanel, research or other grant recintellectual property/patent holder other financial relationship. Note:	Type of Relationship neet if necessary.) de independent contracipient, paid speaker or contractor, ownership interest (provider is owned or contractor, ownership interest (provider is owned or contractor) that this information is contractor.	ctor, consultant, advisory committe teacher, membership on advisory consider providers of clinical servintrolled by an ineligible company.	ee, board membership, expert committees or review panels, ng stocks, shares, etc) or any ices directly to patients to be

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Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree	Disa	gree				
		The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based, and unbiased.				
		I understand that the UOMA and/or its educational partner may need to review my presentation and/or content prior to the activity and I will provide educational content and resources in advance as requested.				
Agree	Disag	ree N/	A			
			If I am providing recommendations involving clinical medicine, the recommendations 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, reported, or used in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.			
			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.			
			If I am discussing any product that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.			
			If I have been trained or utilized by a commercial entity 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 in my presentation.			
			If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.			
I have	carefu	ally rea	ad and considered each item in this form and have completed it to the best of my ability.			
Signat	ure &	Date				