

Disclosure of Financial Relationships for Continuing Medical Education (RSS Programs)

Name and Degree (or credentials):

CME/CE Activity Name:

Presentation Title (if applicable):

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

Other:

CRITERIA AND INSTRUCTIONS FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS WITH COMMERCIAL INTERESTS

1. Instructors, planners, content reviewers and managers who affect the content of a CME activity are required to disclose financial relationships they and/or their spouse or life partner have with commercial interests.*

***The ACCME definition of a "commercial interest" is: "any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients."**

2. You are to disclose all financial relationships that you and/or your spouse/life partner have had with a commercial interest that have occurred **in the past 12 months**, which fall under the definition above.*

3. Financial relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition **do not have to be disclosed**.

4. 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** (per ACCME requirements).

5. If you are a **principal investigator** for a clinical research project, you must report that research relationship under "Contracted Research" even if those funds came to an institution. Non-PI investigators need not report this relationship.

6. 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 consumed by, or used on, patients].

7. In accordance with ACCME requirements, failure to provide disclosure information in a timely manner will result in your disqualification as a potential planner, course director, moderator, presenter, author or reviewer for this activity.

PART I: NATURE OF FINANCIAL RELATIONSHIPS BASED UPON THE ACCME DEFINITION* ON PAGE 1:

1. Are you or your spouse/life partner an employee or owner of a commercial interest? Yes No

If yes, name of commercial interest:

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? Yes No

Please list below all your/your spouse's financial commercial interests based upon the ACCME definition* on Page 1.

| Check the Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include spouse/life partner relationships | Indicate the Name of the Commercial Interest WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include spouse/life partner relationships |
|--|--|
| <input type="checkbox"/> Speakers Bureau (paid directly by commercial interest) | <input type="text"/> |
| <input type="checkbox"/> Consulting/Independent Contractor Fee | <input type="text"/> |
| <input type="checkbox"/> Royalty | <input type="text"/> |
| <input type="checkbox"/> Receipt of Intellectual Property Rights/Patent Holder | <input type="text"/> |
| <input type="checkbox"/> Fees for Non-CME Services Received Directly from a Commercial Interest or its Agent | <input type="text"/> |
| <input type="checkbox"/> Grant/Contracted Research Support. <i>If you are a PI, you must report a financial relationship (even if grant funds are managed by your institution). Non-PIs need not report.</i> | <input type="text"/> |
| <input type="checkbox"/> Stocks, stock options, or other ownership interest <i>(ownership of diversified mutual funds is not reportable)</i> | <input type="text"/> |
| <input type="checkbox"/> Other (please describe): | <input type="text"/> |

If you reported any 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. **Yes.** Provide the names of the drugs or products you will reference below.

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 e-mail. 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, cmepd@louisville.edu or (502) 852-6294, for assistance.

Attestation of Value Statements for RSS Course

Course Title _____

Completed By _____
Name of Presenter

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 502-852-6294) immediately.

| Agree | Disagree | N/A | Value Statement |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have disclosed all financial relationships and I will disclose this information to learners. |
| <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. |
| <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. |
| <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. |
| <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 contra-indications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I am discussing specific health care 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. |
| <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. |
| <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. |
| <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. |

My signature (or typed name for e-filing) below indicates that I have completed this form myself and affirm that this attestation will guide my conduct in preparing/delivering the content for this CME course.

Signature:

Date:

INSTRUCTIONS:

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