**Thank you for Volunteering your time and expertise to this activity. Please complete the following.**

**Conflict of Interest and Financial Disclosures**

In accordance with the ACCME Standards for Commercial Support the American College of Allergy, Asthma & Immunology (ACAAI), as an accredited provider, must ensure all CME Planners and Speakers or Presenters involved in the development of CME content and/or presentation of content, disclose to the accredited provider their [or their Spouse/Partner] ***financial relationship(s)*** with **any** ACCME-defined commercial interest(s).

**Persons who fail to complete this form will not be eligible to participate in the CME activity.** Disclosure must be made in writing prior to the commencement of their service to ACAAI and must be updated whenever circumstances require or once per year, whichever is sooner.

**ACCME-Defined COMMERCIAL INTEREST:** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients.

**Financial Relationships with an ACCME-defined Commercial Interest**

I [and/or my Spouse/Partner] have a personal financial relationship **currently or in the past 12 months** with an ACCME-defined commercial interestthat is **relevant** to my participation in this CME activity as a planner and/or author.

**YES**  **NO**

If **YES**, the financial relationships of myself [or Spouse/Partner] are listed below:

***Click on the box to check that option.***

|  |  |  |
| --- | --- | --- |
| **Company/Commercial Interest** | **Role Played** | **What was received** |
| Choose an item.  Other Company not listed in drop down menu above  *(please specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee  Independent Contractor  Consulting  Speaking/Teaching  Advisory Committee member  Board member  Other *(please specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Salary  Contracted Research  Royalty  Intellectual property rights  Honorarium  Consulting fee  Ownership interest *(e.g. stocks, stock options excluding diversified mutual funds)*  Other financial benefit *(please specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Choose an item.  Other Company not listed in drop down menu above  *(please specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee  Independent Contractor  Consulting  Speaking/Teaching  Advisory Committee member  Board member  Other (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Salary  Contracted Research  Royalty  Intellectual property rights  Honorarium  Consulting fee  Ownership interest *(e.g. stocks, stock options excluding diversified mutual funds)*  Other financial benefit *(please specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Choose an item.  Other Company not listed in drop down menu above  *(please specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee  Independent Contractor  Consulting  Speaking/Teaching  Advisory Committee member  Board member  Other (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Salary  Contracted Research  Royalty  Intellectual property rights  Honorarium  Consulting fee  Ownership interest *(e.g. stocks, stock options excluding diversified mutual funds)*  Other financial benefit *(please specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***NOTE:*** *If you have more financial relationships to disclose, please attach a separate sheet of paper.* | | |

**I certify that the statements I made above are true, complete, and correct to the best of my knowledge and belief.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Print Name** |  |  |  |

**If you have any questions regarding what is considered an ACCME-defined commercial interest and thus needs to be disclosed, please email Julie Cwik, CME Accreditation & Certification Manager, at** [**juliecwik@acaai.org**](mailto:juliecwik@acaai.org)**.**