1. **Role in Activity** *(check all that apply)*
* CME PLANNER ☐ TEACHER ☐ INSTRUCTOR ☐ FACULTY/SPEAKER ☐ AUTHOR ☐ WRITER ☐ REVIEWER
* OTHER *(please specify)*

# Disclosure Policy

The ACCME Standards for Integrity and Independence in Accredited Education require all planners, faculty and/or moderator of Continuing Education (CME) content to disclose all financial relationship(s) for the past **24 months**, with any ACCME-defined \*ineligible company(s). See definition below.

**Glossary of Terms**

**\*Ineligible Company**: The ACCME defines an Ineligible Company as any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be Ineligible Companies. Examples of ineligible companies include:

* + Advertising, marketing, or communication firms whose clients are ineligible companies
	+ Bio-medical startups that have begun a governmental regulatory approval process
	+ Compounding pharmacies that manufacture proprietary compounds
	+ Device manufacturers or distributors; diagnostic labs that sell proprietary products
	+ Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
	+ Manufacturers of health-related wearable products
	+ Pharmaceutical companies or distributors
	+ Pharmacy benefit managers
	+ Reagent manufacturers or sellers.

**Financial relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking, and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

ACCME focuses on financial relationships with ineligible companies in the **24-month** period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a ineligible company with which he/she has a financial relationship.

# Disclosure

Please disclose all financial relationships that you have had in the past **24 months** with ineligible companies (see definition above). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). You should disclose all financial relationships regardless of the potential relevance of each relationship to the education. By answering this question, you attest that you do or do not have an ACCME-defined ineligible company.

If Yes (Please disclose all financial relationships that you have had in the past **24 months** with any ineligible companies on the next page (see definition above). For each financial relationship,

* **YES ☐ NO**

enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.)

I certify that the statements I have made on this disclosure form 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 ineligible company and thus needs to be disclosed, please email Barb King, at** **barbaraking@acaai.org.**

**NOTE:** *The ACCME considers “ownership interest” (including* ***stock ownership****, except for stockholders of publicly traded companies, or holders of shares through pension or mutual fund) to be equivalent to* ***employee status****. Employees of ACCME-defined ineligible company(s) are barred from participating as a CME Planner, Faculty, Moderator, Reviewer, or any other role where there is an opportunity to control or influence CME content.*

# Financial Relationships

|  |  |  |
| --- | --- | --- |
| **COMPANY/COMMERCIAL INTEREST** | **NATURE OF FINANCIAL RELATIONSHIP** | **HAS THE RELATIONSHIP ENDED?** |
| **Choose a company**Click above to choose a company* Other Company not listed in drop down menu above

*(please specify):* | Click on each box that applies* Employee ☐ Executive Role
* Advisor ☐ Researcher
* Speaker ☐ Ownership Interest
* Royalties or Patent Beneficiary
* Independent contractor (including contracted research)
 | (If the financial relationship existed during the last **24 months**, but has now ended, check “yes”.)* Yes ☐ No
 |
| **Choose a company**Click above to choose a company* Other Company not listed in drop down menu above

*(please specify):* | * Employee ☐ Executive Role
* Advisor ☐ Researcher
* Speaker ☐ Ownership Interest
* Royalties or Patent Beneficiary
* Independent contractor (including contracted research)
 | * Yes ☐ No
 |
| **Choose a company**Click above to choose a company* Other Company not listed in drop down menu above

*(please specify):* | * Employee ☐ Executive Role
* Advisor ☐ Researcher
* Speaker ☐ Ownership Interest
* Royalties or Patent Beneficiary
* Independent contractor (including contracted research)
 | * Yes ☐ No
 |

|  |  |  |
| --- | --- | --- |
| **Choose a company**Click above to choose a company* Other Company not listed in drop down menu above

*(please specify):* | * Employee ☐ Executive Role
* Advisor ☐ Researcher
* Speaker ☐ Ownership Interest
* Royalties or Patent Beneficiary
* Independent contractor (including contracted research)
 | * Yes ☐ No
 |
| **Choose a company**Click above to choose a company* Other Company not listed in drop down menu above

*(please specify):* | * Employee ☐ Executive Role
* Advisor ☐ Researcher
* Speaker ☐ Ownership Interest
* Royalties or Patent Beneficiary
* Independent contractor (including contracted research)
 | * Yes ☐ No
 |

***NOTE:*** *If you have more financial relationships to disclose, please attach a separate sheet of paper.*