



Disclosure Form: Collecting Information about All Financial Relationships from Planners, Faculty, and Others

For more information, visit accme.org/standards

To be completed by education staff.

Name of Individual: _____

Title of Continuing Education: _____

Date and location of Education: _____



Individual's prospective role(s) in education

Identify the prospective role(s) that this person may have in the planning and delivery of this education (*choose all that apply*)

- Planner
Examples: planning committee, staff involved in choosing topics, faculty, or content
- Teacher, Instructor, Faculty
- Author, Writer
- Reviewer
- Other _____

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to **Contact Name/email** by **Date**.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact shauna.labo@infirmarhealth.org or call 251-435-2578.

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, 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.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
<p>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</p> <p>For specific examples of ineligible companies visit accme.org/standards.</p>	<p>Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), 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 from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.</p>	<p>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</p>
Example: ABC Company	Consultant	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

I attest that the above information is correct as **signed** on this **date** of submission. _____

By checking this box and submitting this form, you agree with the following conditions:

1. I will support my presentation and clinical recommendations with the best available evidence from current medical literature. All scientific research referred to, reported or used in support or justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection and analysis. No company logos will be included.
2. I will give a balanced view of ALL therapeutic options and use generic names when discussing pharmaceutical products.
3. I will disclose unlabeled use of a product or an investigational use of a product not yet approved by the FDA.
4. I have not nor will I accept any honoraria/additional payments beyond that which has been agreed upon by Mobile Infirmar.
5. I will submit my PowerPoint or content online in advance to allow for CME Committee review if/when requested.