

CME FACULTY DISCLOSURE AND CONTENT VALIDATION

Name _____

Your role in the CME Activity: Presenter Author Planning Committee Moderator Program Director

Activity Title _____

Activity Date _____

Presentation Title /Topic(s) _____

In compliance with the ACCME's Standards for Commercial Support, everyone in a position to control the content of a CME activity must disclose their relevant financial relationships with commercial interests. "Relevant financial relationships" are defined as financial relationships in any amount occurring within the past 24 months. **Refusal to disclose prohibits participation.**

Yes **No** Currently or in the past 24 months, have you (or your spouse/partner) had a financial relationship with a commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on patients; with the exception of providers of clinical service directly to patients)?

If you checked 'yes' above, please list all financial relationships with commercial interests which have occurred in the past 24 months. Attach a separate sheet if necessary.

	<i>Affiliation/Financial Interest</i>	<i>Name of Commercial Interest</i>
1	Grant/Research Support	
2	Consultant	
3	Speaker's bureau	
4	Stockholder or other ownership interest	
5	Board membership	
6	Other financial or material support	

Yes **No** I plan to discuss off-label uses of products and/or medical devices in my lecture. **If yes, please explain.**

Yes **No** I plan to discuss unpublished research data in my lecture. **If yes, please explain.**

Content Validation I understand that all recommendations involving clinical medicine in a continuing medical education activity must be based on evidence that is accepted within the profession of medicine or dental medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, used, or reported must conform to the generally accepted standards of experimental design, data collection and analysis. I will comply with the above expectations by supplying sufficient resources within the context of my presentation regarding clinical content and recommendations for patient care. I understand the expectations for clinical content validation and image authenticity and acknowledge my responsibility to abide by these expectations.

Disclosure I understand my disclosure will be communicated to the participants of the activity.

Copyright Any materials provided by me for use as handouts is my original material and if not I have been granted permission to use it.

Attestation I attest that any relationships/affiliations will not bias or otherwise influence my involvement in the activity.

Signature

Date

By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).

Please return the completed form to ashley.knoch@ahn.org

Resolution of Conflict of Interest Form
 Office of Continuing Medical Education
 Email completed form to: ahncme@ahn.org

Please fill out this form and return to the CME Office. Conflicts of interest must be resolved for anyone involved in the planning, presentation or implementation of a CME activity who has disclosed relevant financial relationship(s) with commercial interest(s).
This form must be completed prior to the activity.

Activity Title and/or Presentation Title:				Activity Date(s):		
Name of Person with Conflict	Speaker	Course Director	Planning Committee	Content Reviewer	Author	
<input type="checkbox"/> Other (list): _____						
Relevant Financial Relationships:						

Conflicts of Interest
What is a conflict of interest? (ACCME Standard for Commercial Support - Standard 2.1 [SCS 2.1])
 The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest.
Where is the conflict? (SCS 2.1)
 When the provider's interests are aligned with those of a commercial interest the interests of the provider are in "conflict" with the interests of the public. The interests of the people controlling CME must always be aligned with what is in the best interests of the public.
How do these circumstances create a conflict of interest? (SCS 2.1)
 The potential for increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias. Commercial bias is prohibited in CME.

I have reviewed the disclosure(s) of the individual listed above and resolved their conflict(s) of interest by the following means. (Choose a minimum of one method and provide further explanation as needed.)

Use these methods for resolving Speaker, Author, Panel Member, etc. conflicts

- 1 Person's disclosed relationship(s) is not relevant to their presentation.
 Explain why not relevant: _____
- 2 No changes to the content are required. (Content was reviewed and is fair, balanced, objective and free of bias)
- 3 The following changes were made to the content: _____
- 4 Content was reviewed and I attest that it is: **a)** valid and aligned with the interests of the public, **b)** All recommendations involving clinical medicine are based on the best available evidence, **c)** All scientific research referred to, reported or used in this presentation in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.
- 5 I limited individual's content to a presentation without diagnostic or treatment recommendations.
- 6 I limited or specified sources for recommendations that faculty can use.

Use these methods for resolving Course Director, Planning Committee, Moderator, Content Reviewer, etc. conflicts

- 7 Person's disclosed relationship(s) is not relevant to their role in the activity.
 Explain why not relevant: _____
- 8 I chose someone else who had no conflict of interest to control that part of the content or activity.
- 9 I changed the person's assignment so that it does not relate to their disclosed financial relationships.
- 10 I changed the session or activity so that it does not relate to the products/services of a commercial interest.
- 11 Another planner participated in the planning process to ensure fair balance.

Comments: _____

I attest that the above information is true and accurate

_____ Signature _____ Print Name and Degree _____ Date