

Dear Prospective Planner/Faculty Member:

We are looking forward to having the opportunity to include you as a proposed role for person—e.g. planner, faculty, reviewer, etc in the accredited continuing education conference activity.

**Why am I receiving this communication?**

Allegheny General Hospital is accredited by the ACCME, we appreciate your help in partnering with us to follow accreditation guidelines and help us create high-quality education that is independent of industry influence. In order to participate as a person who will be able to control the educational content of this accredited CE activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past 24 months. We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit [accme.org/standards](http://accme.org/standards).

**Why do we collect this information?**

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

**What are the next steps in this process?**

After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. Please note: the identification of relevant financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.

To help us meet these expectations, please use the form we have provided to share all financial relationships you have had with ineligible companies during the past 24 months. This information is necessary in order for us to be able to move to the next steps in planning this continuing education activity.

If you have questions about these expectations, please contact us at [ahncme@AHN.ORG](mailto:ahncme@AHN.ORG)



**To be completed by education staff.**

Name of Individual:

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Title of Continuing Education:

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Date and location of Education:

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**Individual's prospective role(s) in education**

Identify the prospective role(s) that **you** 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 \_\_\_\_\_ by \_\_\_\_\_.

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 us at \_\_\_\_\_.

**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?
An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.	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.	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.
For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a> .		
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"/>

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

**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.