

Financial Relationship Disclosure for CME Planners



Name	
Role (e.g., Planning Committee Member, CME Committee Chair, Activity Director)	
Activity or Conference Title	
Activity Date OR Planning Year for which Disclosure is Valid	

The purpose of this form is to identify and resolve all potential conflicts of interests that arise from financial relationships with ineligible companies. The ACCME defines an ineligible company as any entity whose primary business is producing, marketing, selling, or distributing healthcare products used by patients. The ACCME considers financial relationships a conflict of interest when individuals have both a financial relationship with an ineligible company and the opportunity to affect the content of CME. I understand that any relevant financial relationships will be reviewed and mitigated by the accredited provider prior to my participation in the activity.

CHECK ONE OF THE BOXES BELOW:

<input type="checkbox"/> I have no relevant financial relationships with any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients.		
<input type="checkbox"/> Please indicate any relevant financial relationships with ineligible companies you have had within the last 24 months relating to the content of the educational activity. I disclose the following financial relationship(s) with entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients:		
Company	Type of Relationship*	Product/Clinical Area

(Attach an additional sheet if necessary.)

***Type of relationship may include** independent contractor, consultant, advisory committee, board membership, expert panel, research or other grant recipient, paid speaker or teacher, membership on advisory committees or review panels, intellectual property/patent holder, ownership interest (product royalty/licensing fees, owning stocks, shares, etc) or any other financial relationship. Note: The ACCME does not consider providers of clinical services directly to patients to be ineligible companies unless the provider is owned or controlled by a commercial interest.

By checking this box, I attest that this information is correct as of the date of submission. I affirm that I will notify the UOMA if my financial relationships change and will submit a new disclosure form for activities in which I have control of content. Planners need only complete a disclosure form once each year.

Signature & Date