

Financial Relationship Disclosure for CME Presenters, Panelists, Moderators



| | |
|---|--|
| Name | |
| Role (e.g., presenters, teachers, writer, author, panelists, moderators, etc.) | |
| 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 producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, 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.

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 financial relationships with ineligible companies you have had within the last 24 months. 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* | Service/Product/ Clinical Area | Relationship has ended (month/year) |
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(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 commercial interests unless the provider is owned or controlled by an ineligible company.

By checking this box, I attest that this information is correct as of the date of submission. I affirm that I will notify the UMA Foundation if my financial relationships change and will submit a new disclosure form for activities in which I have control of content.

Signature & Date

Continue to the next page

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Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree Disagree

- The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based, and unbiased.
- I understand that the UOMA and/or its educational partner may need to review my presentation and/or content prior to the activity and I will provide educational content and resources in advance as requested.

Agree Disagree N/A

- If I am providing recommendations involving clinical medicine, the recommendations will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.
- If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available and not just trade names from any single company.
- If I am discussing any product that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way in my presentation.
- If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.

I have carefully read and considered each item in this form and have completed it to the best of my ability.

Signature & Date