



DISCLOSURE FORM

CME Activity Title: _____ Date Completed: _____
Date of Activity: _____ Session Date: _____
Presenter/Faculty Name: _____ Role: _____
Other _____

As a provider accredited by the ACCME in accordance with the ACCME Standards of Commercial Support, Nicklaus Children's Hospital must ensure all CME planners, teachers, and authors involved in the development of CME content disclose to the accredited provider their (or their Spouse/Partner) relevant financial relationship with ANY ACCME-defined commercial interest (see ACCME Definitions below). Persons who fail to complete this form will not participate in the CME activity. Relevant relationships will be disclosed to the activity audience.

DISCLOSURES

A. [] Yes [] No
(If No, go to B)

I [and/or my spouse/partner] have had a personal financial relationship currently or in the past 12 months with a commercial interest that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on patients that will be discussed in this CME activity (planner) or in my presentation (Speaker/Author). If YES, the financial relationships and the involved party (myself, spouse/partner) are identified as follows:

ALL FINANCIAL RELATIONSHIPS

Table with 4 columns: Company / Organization / Commercial Interest, Involved Party (Check that applies), Nature of the Relationship (Check all that applies), and Other (identify). Rows include checkboxes for Myself, Spouse/Partner and relationship types like Salary, Royalty, Consulting fee, etc.

- | | | | |
|---|---|------------------------------------|---|
| <input type="checkbox"/> Myself | <input type="checkbox"/> Salary | <input type="checkbox"/> Royalty | <input type="checkbox"/> Intellectual property rights |
| <input type="checkbox"/> Spouse/
Partner | <input type="checkbox"/> Consulting fee | <input type="checkbox"/> Honoraria | <input type="checkbox"/> Contracted Research |
| | <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) | | |
| | <input type="checkbox"/> Other financial benefit (see definitions below) | | |

If the focus of your presentation is a commercially funded study, please list the funding company or source and your affiliation with the funding company or source:

The following mechanisms have been identified to resolve conflicts of interest. *Please check all that apply.*

Presenters

- I will support my presentation and clinical recommendations with the “best available evidence” from medical literature.
- I will refrain from making recommendations regarding products or services, e.g.; limit presentation to pathophysiology, diagnosis and/or research findings.
- I will recommend an alternative presenter for this topic for the planning committee’s consideration.
- I will submit my presentation in advance to allow for adequate peer review.
- I will or have divested myself of this financial relationship.

Planners

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
- I will remove myself from planning of activity content in which I have a conflict of interest.

Additional information may be requested to resolve conflicts of interest. Disclosure will be made to participants prior to the educational activity.

- B. Yes No

My presentation or participation will involve comments or discussion concerning unapproved or off-label uses of a medical device or pharmaceuticals. If any unapproved or off-label uses of products will be discussed, **disclosure must be made to the participants regarding the unapproved or off-label use.** If you will be discussing any such uses, please indicate the products to be discussed and the unapproved and/or off-label uses. **If any other comments concerning unapproved or off-label uses of products take place during your discussion, you are advised that you must disclose this information to the attendees.**

Product to be discussed	Unapproved or Off-Label use

By checking the boxes below you acknowledge that you agree with the following representations:

- C. I **will be responsible** for disclosing information from A and B to the audience on a slide verbally from the podium and noted on a presentation slide or poster presentation ; and for complying with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1998 (HIPAA).
- D. To the best of my knowledge, I **have not engaged** in any activities that violate the American Medical Association’s Ethical Opinion on Continuing Medical Education and Gifts to Physicians from Industry (www.ama-assn.org), the Food and Drug Administration's regulations regarding industry-supported scientific and educational activities (www.fda.gov), the Office of Inspector General’s Compliance Program Guidance for Pharmaceutical Manufacturers (www.oig.hhs.gov), PhRMA's Code on Interactions with Healthcare Professionals (<http://www.phrma.org>), and the AdvaMed Code (www.advamed.org). I further represent that I have not violated or received notice of violation of any laws or ACCME policy or other relevant accreditation body or standards in the last two (2) years.

- E. I acknowledge that I am not included in either the OIG Exclusion List (<http://exclusions.oig.hhs.gov/>) or the GSA Department List (<http://epls.gov/>).
- F. I further represent that information contained in my presentation or participation will be based on research that, to the best of my knowledge, does not involve fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the academic research community for proposing, conducting or reporting research.
- G. If disclosure information and/or the nature of your presentation/participation changes prior to the CME educational activity, it is essential that you return to the site and update your record accordingly by completing another disclosure form or email us at the email below.

Signature _____ Date _____

Please return this form to the activity organizer or by email to CME@Nicklaushealth.org. If you have any questions about this form, please contact Nicklaus Children's Hospital CME office at (305) 669-8453.

Terms as defined by the ACCME:

1. **Commercial Interest:** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients.
2. **Financial Relationships:** Relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.
3. **Relevant financial relationships:** Financial relationships with commercial interests in any amount occurring within the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity that create a conflict of interest. The ACCME has not set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. With respect to personal **financial relationships**, *contracted research* includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.
4. **Individuals with potential for influence or control of CME content:** Planners and planning committee members, authors, teachers, educational activity director(s), educational partner(s), and others who participate, e.g. facilitators and moderators. 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. The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.
5. **Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months