



Disclosure of Financial Relationships for Continuing Education

Name, Degree/Credentials:

CME/CE Activity Name:

Presentation Title (if applicable):

Select your Role(s): **Planner** **Course Director** **Moderator Presenter/Author**
Peer Reviewer **Other**

CRITERIA AND INSTRUCTIONS FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS WITH INELIGIBLE COMPANIES

1. Instructors, planners, content reviewers and managers who affect the content of a CME activity are required to disclose financial relationships they have with ineligible companies.

*** The ACCME definition of an ineligible company is: "those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients." <https://accme.org/accreditation-rules/eligibility>**

2. You are to disclose all financial relationships that you have had with an ineligible companies that have occurred **in the past 24 months**, which fall under the definition above.

3. Financial relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition **do not have to be disclosed**.

4. Honoraria received, or consulting funds, from a CME provider, even though those funds may have been provided to that CME/CE provider through an educational grant from an ineligible company, do not have to be disclosed (per ACCME requirements).

5. If you are a principal investigator for a clinical research project, you must report that research relationship under "Contracted Research" even if those funds came to an institution. Non-PI investigators need not report this relationship.

6. In accordance with ACCME requirements, **you may not participate as a member of a CME course planning committee or faculty if you are an employee or owner of an ineligible company** such as a pharmaceutical/device or biologic company or any other ineligible company as defined by the ACCME as ***"those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients."***

7. In accordance with ACCME requirements, failure to provide disclosure information in a timely manner will result in your disqualification as a potential planner, course director, moderator, presenter, author or reviewer for this activity.

8. Review the Content Validity Guide (<http://louisville.edu/medicine/cme/documents-2021/content-validity>) to ensure your educational content meets all accreditation expectations, is fair and balanced, and that any clinical content presented supports safe, effective patient care.

PART I: NATURE OF FINANCIAL RELATIONSHIPS BASED UPON THE ACCME DEFINITION ON PAGE 1

1. Are you an employee or owner of an ineligible company? Yes No

If yes, name of ineligible company:

2. Within the past 24 months, have you received support from or had a relationship with an ineligible company? Yes No

Please include below all financial relationships with ineligible companies within the prior 24 months from today's date.

Check the Type of Financial Relationship	Indicate the Name(s) of the Ineligible Company(s)
--	---

Speakers Bureau (paid directly by ineligible company)

Consulting/Independent Contractor Fee

Royalty

Receipt of Intellectual Property Rights/Patent Holder

Fees for Non-CME Services Received Directly from an Ineligible Company or its Agent

Grant/Contracted Research Support. *If you are a PI, you must report a financial relationship (even if grant funds are managed by your institution). Non-PIs need not report.*

Stocks, stock options, or other ownership interest *(ownership of diversified mutual funds is not reportable)*

Other (please describe):

If any of these relationships have ended, please provide a date for each:

If you reported financial relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation? Yes No

PART II: UNLABELED/UNAPPROVED DRUGS

Do you intend to reference unlabeled/unapproved uses of drugs or products in your presentation?

No. *Skip to Part III below.*

Yes. Provide the names of the drugs or products you will reference below.

PART III: ATTESTATION OF CME/CE VALUE STATEMENTS

Please indicate your understanding of and willingness to comply with each statement below. If any statements do not apply to your participation in this activity, please select "N/A." If you require clarification of these statements or have questions regarding your ability to comply, please contact the University of Louisville CME & PD Office at cmepd@louisville.edu

Agree	Disagree	N/A	Value Statement
			I have disclosed all financial relationships and I will disclose this information to learners.
			The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of an ineligible company. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.
			I have not and will not accept any honoraria, additional payments or reimbursements <i>directly from</i> an ineligible company for my participation in this activity.
			I recognize the Office of CME & PD may need to review my presentation and/or content prior to this activity, and I will provide educational content and resources in advance as requested.
			If I am providing recommendations involving clinical medicine, they 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 will conform to the generally accepted standard 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 use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA.
			If I have been trained or utilized by an ineligible company or its agent as a speaker (e.g. speaker's bureau), the promotional aspects of that presentation will not be included in any way with this activity.
			If I am presenting research funded by an ineligible company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the interest of the company.

My signature (or typed name for e-filing) below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information. I have reviewed the Content Validity Guide and am aware that financial disclosure information provided on page 2 of this form will be shared with learners prior to their engagement in this CME activity.

Signature:

Date:

INSTRUCTIONS: This form should be completed and signed electronically so there is no need to scan and print. Please e-mail a completed copy of this form to the course coordinator. If you are having any difficulty you may contact the CME & PD office, cmepd@louisville.edu for assistance.