



CONFLICT OF INTEREST REPORTING FORM

FACULTY

This Conflict of Interest Reporting Form will be effective for 12 months after the date of submission. Prior to each activity in which you participate, you will be contacted to verify if there are any changes.

Name of Discloser: _____

INTRODUCTION

Because educational activities are conducted in the public interest, it is important to assure the public that education received by physicians, nurses, pharmacists and other healthcare professionals through whom patient care decisions are made is conducted with the highest integrity and scientific objectivity and are fair and balanced. A conflict of interest exists when an individual has an opportunity to affect content about products or services of a commercial interest with which he/she has a financial relationship. Accredited providers are responsible for collecting information from its faculty, planners, managers and joint sponsors of educational content and resolving those conflicts prior to the commencement of the activity. The intent of the conflict of interest resolution process is to assure that financial relationships with commercial interests and resultant loyalties do not supersede the public interest in the design and delivery of educational activities for the profession.

CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST

Faculty, planners, managers and joint sponsors who affect the content of an activity are required to disclose financial relationships or relationships to products or devices they have with commercial interests associated with this activity of any amount must be disclosed the learners for the next 12 months. A "commercial interest" is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. This means that relationships with governmental agencies (eg, the National Institutes of Health) and organizations that do not produce health or medical products or services relating to patient care DO NOT HAVE TO BE DISCLOSED. In addition, if you or your spouse/domestic partner have received honoraria or consulting funds from a CME provider, even though those funds may have been provided through an educational grant from a commercial interest, YOU DO NOT HAVE TO REPORT THESE HONORARIA OR FEES. Disclosure of financial relationships includes both yourself and your spouse or domestic partner.

Failure to provide disclosure information in a timely manner will result in the disqualification of the potential faculty, planner, manager, joint sponsor, or co-provider from this activity. Your presentation may be subject to a peer review process based on the information provided.

Types of financial relationships I have and the companies with whom I have these relationships are as follows:

Table with 3 columns: Check Appropriate Boxes, Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY, Indicate Applicable Manufacturer(s) WITHIN THE PAST 12 MONTHS ONLY. Rows include Salary, Royalty, Receipt of Intellectual Property Rights, Consulting Fee, Honoraria Directly From Commercial Interest or Their Agents, Contracted Research, and Ownership Interest (stocks, stock options, or other ownership interest, excluding diversified mutual funds).

Please attach an additional page if needed.

- I have no real or apparent conflicts of interest to report.
The information that I am using in my role in this activity is based on the educational needs of physicians or on rigorous scientific evidence from research or my clinical experience, and was developed independently of commercial influences.
I will inform the participants in this activity if I use any information from sources supported by any of my financial interests and will demonstrate that the information was obtained through generally accepted scientific methods.
I intend to reference the following unlabeled/unapproved uses of drugs or devices in my presentation.

Drugs or devices I will reference are: _____

I represent that the foregoing information is complete and truthful.

Signature of Reporting Individual _____

Date of Submission _____

For Accreditation Department Only
___ No conflict exists ___ Apparent conflict of interest, refer to solution ___ Conflict resolved ___ May not participate
Comments: _____
Staff Initials: _____ Date: _____