

Disclosure of Financial Relationship Form

Name: _____ CME Activity Date: _____

CME Activity: _____

Please indicate your role in this CME activity:	<input type="checkbox"/> Presenter/Faculty Committee <input type="checkbox"/> Course Director <input type="checkbox"/> Moderator <input type="checkbox"/> Planning Committee
<i>(Please check all that apply)</i>	

Purpose. It is the policy of the Beacon Health System to ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All participating faculty, course directors, and planning committee members are required to disclose to the program audience any financial relationships related to the subject matter of CME activities/programs. Relationships of spouse/ partner with proprietary entities producing health care goods or services should be disclosed if they are of a nature that may influence the objectivity of the individual in a position to control the content of the CME activity. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. Specific disclosure information for each course faculty will be shared in writing (and documented in the file) with the audience prior to the faculty's presentation.

*****Persons who fail to provide this information in advance of the course (allowing for adequate time for review) are not eligible to be involved in this CME activity.**

- Definition.** "Relevant financial relationships" are those in which an individual (including spouse/domestic partner) **has:**
- (1) **a personal financial relationship** (any amount) with a commercial interest producing health care goods/services in the past 12 months (whether relationship has now ended or is currently active)
 - (2) **control in planning or presenting educational content addressing specific products** of the commercial interest (not simply a whole class of products as a group).
 - (3) **a commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Regarding your role in this CME activity (check one):

- Disclosure.** Regarding my role in the CME activity listed above, currently or in the past 12 months (check one):
- I have/had NO relevant personal financial relationship.** (Go to Signature section following the box below.)
 - I have/had BOTH (1) a personal financial relationship** with a commercial interest and **(2) will control educational content** about the products of the commercial interest. (Complete next section, then sign following the box below.)

Type of Personal Financial Relationship	Name of Commercial Interest(s) and Relationship	Self	Spouse/ Partner
Consultant	_____	<input type="checkbox"/>	<input type="checkbox"/> *
	_____	<input type="checkbox"/>	<input type="checkbox"/> *
Speakers Bureau	_____	<input type="checkbox"/>	<input type="checkbox"/> *
	_____	<input type="checkbox"/>	<input type="checkbox"/> *
Grant/Research Support (Principal investigator or working directly with company/company's agent)	_____	<input type="checkbox"/>	<input type="checkbox"/> *
	_____	<input type="checkbox"/>	<input type="checkbox"/> *
Stock Shareholder (self managed)	_____	<input type="checkbox"/>	<input type="checkbox"/> *
	_____	<input type="checkbox"/>	<input type="checkbox"/> *
Honoraria	_____	<input type="checkbox"/>	<input type="checkbox"/> *
	_____	<input type="checkbox"/>	<input type="checkbox"/> *
Employee/Owner	_____	<input type="checkbox"/>	<input type="checkbox"/> *
Other [describe]:	_____	<input type="checkbox"/>	<input type="checkbox"/> *

I will uphold the Beacon Health System continuing educational standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. I understand that continuing education accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner (or fiscal agent).

Disclosure of Promotional Talks

- No, I have not presented any promotional talks for any pharmaceutical companies within the past 12 months.
 - Yes, I have presented promotional talks for one or more pharmaceutical companies within the past 12 months.
- If Yes, please provide details (Company, Therapeutic Area, Month, Year): _____

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest must be managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.

Statements & Rules of BHS/ISMA Accreditation regarding Content Validation

- 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 business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based, and unbiased, and has adequate justification for their indications and contraindications in the care of a patient.
- Recommendations involving diagnosis and treatment discussed in the presentation are based on evidence which is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patient.
- All scientific research referred to, reported or used in CME in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Citations of the work are recommended.
- The content will not promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. The content will not advocate for unscientific modalities of diagnosis or therapy.
- Objectives of my presentation are consistent with overall objectives of the course, and the content is relevant to participants needs.
- I have disclosed (via Disclosure Form to BHS) all relevant financial relationships. I understand these will be disclosed to the audience, if they are relevant/potentially relevant to the educational content.
- I have not and will not accept any honoraria, additional payment or reimbursements beyond that which has been agreed upon directly with BHS.
- I understand that BHS CME staff will need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance, as requested.
- I understand that commercial entity corporate names or logos should not appear on my slides or handouts.
- I understand that BHS CME staff may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
- If I am discussing specific health care 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 individual 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 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 the presentation will not be included in any way with this activity.
- If I am a speaker for any commercial interest, the promotional aspects of this relationship will not be included in any way with this activity.
- 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.
- If I am presenting research studies, I will include weaknesses and strengths of each study, in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available.

Balance in content: As a CME participant/presenter, I am aware that:

- Presentations, individually or in combination during the activity, must give a balanced view of the therapeutic options.
- Generic names of products contribute to impartiality. If trade names are used, those of several companies should be used.
- For FDA regulated products, unapproved uses (i.e., "off-label" uses) must be identified as such.
- If information is to be presented that is not established medical practice, the information must be identified as such.

Signature

Date

*** If any "Current Relationship" is checked in the form above, the CME OFFICE must complete the "RESOLUTION" section below.**

Resolution. To assure independence and balance of content, current conflicts of interest were resolved by the following process (check one):

- Peer review
- Individual ended relationship
- Selected an alternative person
- Omitting recommendations for specific products
- Recommendations based on structured review for best evidence
- Other (describe):

Signature of CME Office Representative

Date