**DISCLOSURE OF RELATIONSHIPS**

The Nebraska Medical Association (NMA) requires that any person in a position to control the content of a CME activity disclose all relevant financial relationships with any commercial interest within the past 12 months. As a provider accredited by the NMA, <Your Organization Name> is responsible to ensure balance, independence, objectivity, and scientific rigor in all its educational activities.

Anyone who is in a position to control the content of a CME activity must disclose all relevant financial relationships with any commercial interest (please see included definition) including those of a spouse/partner. Faculty are not prohibited by virtue of such relationships from providing CME programs. However, this relationship must be disclosed to the audience at the time of the presentation. The intent of this disclosure is to provide learners with information on which they can make their own judgments.

All conflicts of interests must be identified and resolved prior to the activity. Anyone who refuses to disclose relevant financial relationships will be disqualified from being a part of the planning and implementation of this CME activity.

Please submit form by to allow for resolution of conflict of interest.

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| **Name:** | |  | | | | | | | **Activity Date:** | |  | | | |
| **CME Activity Title / Topic:** | | | | |  | | | | | | | | | |
| **Role in CME Activity:** | | | | Speaker / Presenter | | Planner | | | | Other (please describe): | | | | |
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| **Relevant Financial Relationships** | | | | | | | | | | | | | | |
| *In the past 24 months have you have or have had, a relevant financial relationships with a commercial interest that have a direct bearing on the subject matter of this CME activity?* | | | | | | | | | | | | | | Yes  No |
| *→ Please note, your information will be verified on the CME Open Payments website at https://openpaymentsdata.cms.gov.* | | | | | | | | | | | | | | |
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| IF YES, please list the commercial interest below next to the best description of this relationship. Do not list amounts received. | | | | | | | | | | | | | | |
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| Commercial Interest | | | | | | | | Nature of Relationship | | | | | | |
|  | | | | | | | | What Was Received | | | | | For What Role(s) | |
| *Example: Company X* | | | | | | | | *Speaker Fee* | | | | | *Speaker* | |
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| **What was received**: Salary, royalty, intellectual property rights, research grant, consulting fee, speaker fee, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Do not list how much was received. | | | | | | | **Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities. | | | | | | | |
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| *Will your presentation include discussion of any products or services of the above commercial interest(s)?* | | | | | | | | | | | | | | Yes  No |
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| **Content Validation** | | | | | | | | | | | | | | |
|  | By checking this box, I attest that my recommendations involving clinical medicine in this CME activity 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. In addition, I attest that all scientific research referred to, reported or used in CME in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. | | | | | | | | | | | | | |
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| **Signature:** | | |  | | | | | | | | | **Date:** | |  |
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| **FOR OFFICE USE ONLY**  The person responsible for the content of the activity (e.g. CME Committee Chair or Designee) fills out this section. | | | | | |
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| *Conflicts of interest for this individual were resolved by (check all that apply):* | | | | | |
| 🞎 Omitting Product Recommendations | | | 🞎 Requesting CME Committee Review | | |
| 🞎 Requiring only evidence based medicine studies | | | 🞎 Preview content of presentation /  No commercial bias | | |
| 🞎 Choosing another topic or speaker | | | 🞎 No Relevant Relationship | | |
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| Notes: |  | | | | |
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| Signature of Reviewer: | |  | | Date: |  |
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**GLOSSARY OF TERMS**

**Commercial Interest**

The NMA defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The NMA does not consider providers of clinical service directly to patients to be commercial interests. For more information, visit www.accme.org.

**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.

**Financial Relationships**

Financial relationships are those 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. NMA considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Relevant Financial Relationships**

NMA focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. NMA has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The NMA defines “’relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.