**Disclosure of Relationships**

We are looking forward to having the opportunity to include you in our upcoming accredited continuing education and follow guidelines to create high-quality education that is independent of industry influence. In order to participate as a person who will be able to control the educational content of this accredited continuing education activity, we ask that you disclose all financial relationships with any ineligible companies\* that you have had over the past 24 months. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit accme.org/standards.

**Why do we collect this information?**

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence. By identifying and mitigating financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

**What are the next steps in this process?**

After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. Please note: the identification of relevant financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.

To help us meet these expectations, please complete the following form. This information is required in order for us to be able to move to the next steps in planning this continuing education activity.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | | | **Activity Date:** | | |  |
| **Activity Title / Topic:** | | | | |  | | | | | | |
| **Role in Activity:** | | | | Speaker / Presenter | | Planner | Other: | | |  | |
|  | | | | | | | | | |  | |
| In the past 24 months have you had any financial relationships with ineligible companies regardless of the potential relevance of each relationship to the education?  Yes  No | | | | | | | | | | | |
|  | | | | | | | | | | | |
| IF YES, please disclose all financial relationships that you have had regardless of the amount. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Name of Ineligible Company\*** | | | | | | **Nature of Relationship\*** | | | | | **Has the relationship ended?\*** |
| *Example: Company X* | | | | | | *Researcher* | | | | | Yes  No |
|  | | | | | |  | | | | | Yes  No |
|  | | | | | |  | | | | | Yes  No |
|  | | | | | |  | | | | | Yes  No |
|  | | | | | |  | | | | | Yes  No |
|  | | | | | |  | | | | | Yes  No |
|  | | | | | | | | | | | |
| **Speaker / Presenter** | | | | | | | | | | | |
| Will your presentation include discussion of any products or services of the above ineligible companies?  Yes  No | | | | | | | | | | | |
|  | | | | | | | | | | | |
| If YES, please explain how you will resolve this conflict: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Validation** | | | | | | | | | | | |
|  | By signing this document, I acknowledge that I have accurately completed the above information and have disclosed ALL financial relationships with ineligible companies. I further agree to comply with the Standards for Integrity and Independence in Accredited Continuing Education. | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Signature:** | | |  | | | | | | **Date:** | |  |

**\* Name of Ineligible Company**

Any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples visit accme.org/standards.

**\* Nature of Relationship**

Examples include employee, researcher, consultant, advisor, speaker, independent contractor, contracted research, royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.

**\* Has the relationship ended?**

If the financial relationship existed during the last 24 months.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | | |
| *Mitigation steps (check all that apply):* | | | | | |
| 🞎 Attest that clinical recommendations are evidence-based and free of commercial bias | | | | | |
| 🞎 Choose another topic or speaker | | | 🞎 Divest the financial relationship | | |
| 🞎 Omit product recommendations | | | 🞎 Recusal from planning/presenting | | |
| 🞎 Peer review of planning decisions by persons without relevant financial relationships | | | | | |
| 🞎 Other methods: | | | | | |
|  | | | | | |
| Notes: |  | | | | |
|  | | | | | |
|  | | | | | |
| Signature of Reviewer: | |  | | Date: |  |
|  | | | | | |