




Documenting All Financial Relationships with Planners, Faculty, and Others Involved with the Planning & Presentation of Continuing Medical Education Activities

<p>To be Completed by Prospective Planner, Faculty, or Other(s)</p> <p>Name of Individual:</p> <hr/> <p>Title of Continuing Education:</p> <hr/> <p>Date & Location of Education:</p> <hr/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;"></td> <td>Individual's Prospective Role(s) in Education <i>Identify the prospective role(s) that this person may have in the planning and delivery of this education (select all that apply)</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Planner (Ex: planning committee; staff choosing topics, faculty or content)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Teacher, Instructor, Faculty, Panelist, Moderator</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Author, Writer</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reviewer, Content Expert</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other:</td> </tr> </table>		Individual's Prospective Role(s) in Education <i>Identify the prospective role(s) that this person may have in the planning and delivery of this education (select all that apply)</i>	<input type="checkbox"/>	Planner (Ex: planning committee; staff choosing topics, faculty or content)	<input type="checkbox"/>	Teacher, Instructor, Faculty, Panelist, Moderator	<input type="checkbox"/>	Author, Writer	<input type="checkbox"/>	Reviewer, Content Expert	<input type="checkbox"/>	Other:
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<input type="checkbox"/>	Author, Writer												
<input type="checkbox"/>	Reviewer, Content Expert												
<input type="checkbox"/>	Other:												

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form and return it to: eeh-acme@endeavorhealth.org

The ACCME/ISMS Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance.

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship.

For those with **no financial relationships with ineligible companies** (see definition below):

In the past 24 months, I have **not** had **any** financial relationships with ineligible companies.

Enter the Name of Ineligible Company <small>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</small>	Enter the Nature of the Financial Relationship <small>Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including 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.</small>	Has the Relationship Ended? <small>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</small>
<i>Example: ABC Company</i>	<i>Consultant</i>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

I attest that the above information is correct as of this date of submission.

Signature:	
Date:	

For CME Office Use Only – Do Not Complete

Financial Relationship Mitigation Requirements

<input type="checkbox"/> No conflicts of interest identified; No mitigation required	Initials:
<input type="checkbox"/> Conflicts of Interest Identified – Mitigation & Documentation Required	Initials: