**CME Activity Disclosure Declaration**

The University of Connecticut School of Medicine requires that all planners, speakers, or authors of CME activities complete this form for every CME activity in which they are involved.

**SECTION 1**

*To be completed by the individual:*

|  |  |
| --- | --- |
| **Participant Name (Print or Type):** |   |
| **Institutional Affiliation:** |   |
| **Name of CME Activity:** |   |
| **Date of Activity:** |   |

**My Role in the CME Activity:**

[ ]  Speaker / Author / Moderator / Facilitator

[ ]  Activity Director

[ ]  Co-Activity Director

[ ]  Independent Peer Reviewer (if applicable)

[ ]  Planner / Planning Committee Member

[ ]  Activity Administrator

[ ]  Other: Please explain:

|  |
| --- |
|  |

As a prospective participant, we would like to ask for our help in protecting our learning environment from industry influence. Please complete the form below and return it as soon as possible to your activity administrator. The ACCME 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.

If you have questions, please contact us **cme@uchc.edu**.

**CRITERIA FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS**

UConn School of Medicine considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. Conflict of interest applies to any speaker, moderator, facilitator, activity director, peer reviewer, planner, activity administrator or any other individual who are involved in the planning, implementation, or evaluation of the CME activity.

In accordance with ACCME and UConn CME guidelines, instructors, planners, and managers who affect the content of a CME activity are required to disclose financial relationships they have with ineligible companies. Circumstances create a conflict of interest when an individual has an opportunity to influence continuing medical education (CME) content about products or services of a commercial interest (e.g., pharmaceutical company, medical device manufacturer) with which she/he has a financial relationship.

***An “Ineligible company” is any entity producing, marketing, selling, re-selling, or distributing healthcare products/services used by or on patients. (For specific examples of ineligible companies visit accme.org/standards)*** 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. When a person divests her/himself of a relationship with an ineligible company, it is no longer considered a conflict of interest, but it must be disclosed to the learners for **24 months**. Relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition do not have to be disclosed. In accordance with ACCME requirements, failure, or refusal to provide disclosure information in a timely manner will result in the disqualification of your participation in this activity.

If you have additional questions about completing this form, please contact the UConn CME office at cme@uchc.edu, or you may review these guidelines at www.accme.org.

**SECTION 2**

**To be Completed by Planner, Faculty, or Others Who May Control Educational Content:** Please disclose all financial relationships that you, a spouse, or partner currently have or 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 to the education.

**Do you, a spouse, or partner currently have (or within the past 24 months had) a financial relationship with one or more commercial interests (ineligible company) that relates in any way to this CME activity?**

|  |
| --- |
| **Name of Person with Financial Relationship (self, spouse, partner):**  |
| **Enter the Name of Ineligible Company**An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.For specific examples of ineligible companies visit **accme.org/standards**. | **Nature of Financial Relationship**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. | **Has the Relationship Ended?**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. |
| *Example: ABC Company* | *Consultant* | *[x]*  |
|  |  | [ ]  |
|  |  | [ ]  |
|  |  | [ ]  |
|  |   | [ ]  |
|  |  | [ ]  |
|  |  | [ ]  |
|  |  | [ ]  |
| **In the past 24 months, I (nor a spouse, or partner) have NOT had any financial relationships with any ineligible companies.** | [ ]  |

*Please provide additional sheets, if necessary, listing all relevant financial relationships. You may copy/paste the table above.*

|  |  |  |  |
| --- | --- | --- | --- |
| Please Respond: | NO | YES | If YES, please list any products or devices you will be discussing: |
| Will your presentation or material mention any off-label, unlabeled, or investigational use of products or devices? | [ ]  | [ ]  |  |
| *\*\*\*Your presentation CANNOT include any discussion/mention of any direct name of products, services, and/or devices of any or all of the companies you noted above that is considered a conflict with an ineligible company. Only discussion of off-label, unlabeled, or investigational use of any products, services, or devices in a general or board sense is allow.* |

**For all Parties: *I attest that the above information is correct as of this date of submission.*** I am aware of the educational objectives of this activity and agree to abide by UConn CME and ACCME Guidelines for CME. In addition, I am aware that my presentation must be evidence based, and free from bias towards any ineligible company. If there are any changes in my relationships between now and the time of the activity, I will inform the activity director prior to the presentation. The UConn CME program will disclose the above information to participants and reserves the right to review your educational materials prior to your presentation. I acknowledge that my presentation and/or materials must provide a balanced view of the therapeutic options. When discussing off-label, unlabeled, or investigational uses of a commercial product, these uses will be identified as such. I will use generic names of medications whenever possible. When I use trade names, I will include those of other companies that are on the market.

|  |  |
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|  |  |
| **Participant’s Signature:** | **Date:** |

*\* Typed signatures will not be accepted, please use a hand signature or another form of formal electronic signatures (such as PDF certified signatures).*

**SECTION 3**

**ACTIVITY DIRECTORS ONLY**

**PLEASE COMPLETE SECTIONS BELOW**

**PART 1: Did the person completing this form identify a conflict with an ineligible company above?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NO** | **YES** |  |
| Did the person completing this form responded with a financial relationship with one or more commercial interests (an ineligible company) that relates in any way to this CME activity in the past 24 months? | [ ]  | [ ]  | **If “NO”, please stop here and sign form below.****If “YES”, please move to part 2 for conflict mitigation.** |

**PART 2: Select a mitigation strategy on how you will resolve the conflict of interest (i.e., what safeguards you will have in place) to prevent the insertion of commercial bias). You will include this statement on the flyer.**

**MITIGATION STATEMENTS FOR SPEAKERS ONLY** (includes any persons presenting, facilitating, moderating ANY content during an activity.)

**Select 1 Choice:**

|  |  |
| --- | --- |
| [ ]  | The activity director determined that the financial relationship of the speaker is outside the area of the content of the program. |
| [ ]  | The activity director determined that the financial relationship of the speaker ceased to exist 24 or more months ago. |
| [ ]  | The activity director will restrict the speaker’s presentation involvement to areas outside the area of conflict. |
| [ ]  | The activity director peer-reviewed the content of the speaker’s presentation ensure that no commercial bias exists. |
| [ ]  | Other: (Explain): |

**MITIGATION STATEMENTS FOR PLANNING MEMBERS ONLY** (includes activity directors, co-activity directors, planners, and any other persons involved in the activity in a non-speaker capacity.)

**Select 1 Choice:**

|  |  |
| --- | --- |
| [ ]  | The activity director determined that the financial relationship of the planner is outside the area of the content of the program. |
| [ ]  | The activity director determined that the financial relationship of the planner ceased to exist 24 or more months ago. |
| [ ]  | The activity director will restrict the planner’s involvement to areas outside the area of conflict. |
| [ ]  | The activity director will peer review the planner’s decisions by persons without relevant financial relationships. |
| [ ]  | Other: (Explain): |

Review collected information about financial relationships and **exclude owners or employees of ineligible companies** from participating as planners or faculty**.** After collecting all financial relationships from prospective planners, faculty, and others, exclude any persons who are owners or employees of ineligible companies. Ineligible companies are those whose primary business is producing, marketing, selling, re- selling, or distributing healthcare products used by or on patients. For information about exceptions to this exclusion, see **accme.org/standards**.

**For Activity Directors:** I ***attest*** that after review of this form, the participant completing it did NOT respond with a financial relationship in the past 24 months, therefore there is no conflicts ***OR*** I ***attest*** that I completed section 4 to the best of my ability that after review of this form, I have identified and will implement the steps to take to mitigate relevant financial relationships.

|  |  |
| --- | --- |
|  |  |
| **Activity Director’s Signature:** | **Date:** |

*\* Typed signatures will not be accepted, please use hand signature or another form of formal electronic signatures (such as PDF certified signatures).*