

Disclosure of Relevant Financial Relationships Form

NAME:

I am a: Planner Speaker Content Reviewer Author Moderator

CONTENT OF ACTIVITY:

DATE:

First, list the names of *commercial interests* (defined in the "Glossary of Terms" below) with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

Second, describe what you or your spouse/partner received (ex: salary, fee, research grant, etc). The Medical Society of Delaware does NOT want to know how much you received.

Third, describe your role.

	Nature of Relevant Financial Relationship (Include all those that apply)	
	Commercial Interest	For What Role?
	What was received	
<i>Example: Company 'X'</i>	<i>Speaker Fee</i>	<i>Promotional Speaker</i>

I do not have any relevant financial relationships with any commercial interests.

By checking this box, I attest that I have agreed to the above statements Date of Submission:

Example Terminology

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.

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 (please specify).

Glossary of Terms

Commercial Interest

The ACCME 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 ACCME does not consider providers of clinical service directly to patients to be commercial interests. For more information, visit www.accme.org.

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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant Financial Relationships

ACCME 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. ACCME 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 ACCME defines "relevant" financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

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.

**COMPLETE THIS SIDE IF YOU HAVE DISCLOSED A RELEVANT FINANCIAL RELATIONSHIP
PERTAINING TO YOUR INVOLVEMENT IN THIS CME ACTIVITY**

If you believe that this relationship will not constitute a conflict of interest, please check one of the following reasons. If none of these reasons are applicable, this does not mean that you will be unable to participate in the CME activity. The Activity Director will contact you to further discuss your participation.

The financial relationship does not relate to my educational assignment/presentation.

I will be using best available published evidence to support my presentation.

Please list evidence/studies cited
(attach a separate list if needed):

I am changing my relationship with the commercial interest. Nature of change:

Nature of change:

All scientific data referenced or used as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis.

Please list data referenced
(attach a separate list if needed):

Other

I am unsure how to resolve my potential conflict of interest. Please contact me.

Name:

Signature: _____

This form is designed as a first step in resolving any potential conflicts of interest for the relevant financial relationship(s) you have disclosed. You will be contacted if further information is required. **Your cooperation in complying with this standard is appreciated.**

For Activity Director Use Only:

___ 1. Review of the disclosed financial relationship revealed that no conflict of interest exists OR

The conflict of interest was resolved by the following:

___ 2. Financial relationship was altered by: _____

___ 3. Control over content was altered by: a) someone else will control that part of the content, b) focus of the CME activity will be changed, c) the content of the person's assignment will be changed, d) the content will be limited to a report without recommendations and or, e) the sources for recommendations will be limited.

___ 4. Peer review of the content determined: The activity director or knowledgeable clinician will review the content prior to the start of the presentation to assure that content is valid and aligned with the interests of the public. 2) All recommendations involving clinical medicine are based on best available evidence. 3) All scientific research referred to, reported, or used in the CME activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis.

___ 5. Unable to resolve the conflict, and the individual was eliminated from participation in the CME event.

___ 6. Other... Describe: _____

Activity Director Name: _____

Signature _____ **Date** _____