

DISCLOSURE OF RELATIONSHIPS AND DECLARATION FORM

Must be completed by all persons involved in CME activities. Refusal to Disclose Prohibits Participation

Name: _____ Print or Type Name Degree Program Code: _____

Email: _____ Phone#: _____

Institutional Affiliation/Employer: _____

Your role in the CME Activity Presenter Author Planning Committee Moderator Program Director

1. Title of CME Activities: _____ Activity Date: _____
Presentation Title(s)/Topic(s): _____
2. Title of CME Activities: _____ Activity Date: _____
Presentation Title(s)/Topic(s): _____

Above, list all your anticipated activities for the year and update as necessary. If additional space is needed use a separate sheet.

The Identification and Resolution of Conflicts of Interest in Continuing Medical Education

It is the policy of Drexel University College of Medicine (DUCOM) to insure balance, independence, objectivity, and scientific rigor in all DUCOM sponsored or jointly sponsored educational activities. All individuals involved in the planning and/or delivery of a DUCOM sponsored CME activity are required to disclose to DUCOM and the audience any relevant financial interest or other relationship within the past 12 months, for yourself or your spouse/partner with: (1) the manufacturer(s) of any commercial product(s) and/or (2) the provider(s) of commercial services discussed in this educational activity as well as any commercial supporters of the activity. The information will be reviewed by DUCOM. Relationships will be reported to the audience. If a relationship is judged a conflict which can not be resolved, your ability to participate in the activity will be limited.

I. DISCLOSURE All respondents must answer Ia. Presenter/Moderator/Author must answer Ia.-c

- a. Have you or your spouse/partner had a financial or commercial relationship in the past 12 months with the manufacturer of products or services that will be presented in this CME activity? YES NO
- b. As a presenter, moderator/author for DUCOM's CME activities, will you use slides and/or materials provided by a proprietary entity? YES NO
- c. Will your topic involve information or data obtained from a commercially sponsored speaker training activity? YES NO

***** If YES to any question, complete all sections; If NO, go to Declaration, Section IV

II. COMMERCIAL INTEREST	NATURE OF FINANCIAL RELATIONSHIP
Name of Company	research grant, speaker's bureau, consultant, major stock holder, independent contractor, royalty recipient, honorarium recipient, others (list)
1.	
2.	
3.	
4.	

III. RESOLUTION OF CONFLICT OF INTEREST Check all that apply

Presenters/Authors/Moderators

- I will change my presentation to eliminate relevance to the products/services of my commercial interest
- I will select a co-presenter to control the segment of the presentation in question
- I will change my role to one that precludes me from making clinical recommendations
- I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature.
- I will refrain from making recommendations regarding products or services
- I will have divested myself of this financial relationship
- I will recommend an alternative presenter for this topic for the planning committee's consideration
- Other _____

Planners/Program Directors

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias
- I will recuse myself from planning activity content in which I have a conflict of interest

IV. DECLARATION

I will abide by the ACCME standards to insure balance, independence, objectivity and academic rigor in my role in the planning, development, or presentation of this CME activity. In addition, I agree to comply with the requirements, disclose the off label or investigational status of drugs referenced during my presentation, and agree to comply with the requirements to protect health information under the HIPPA Act.

Signature _____ Date _____

Additional information may be requested in order to resolve any conflicts of interest. All identified conflicts will be resolved and disclosed to the audience.

***** Please send a copy to the activity program director.