

CME Disclosure Form

In accordance with the Accreditation Council for Continuing Medical Education's Standards for Integrity and Independence, everyone in a position to control the content of a CME activity is required to disclose to the accredited provider **all financial relationships that you have had in the past 24 months with ineligible companies**. An individual has a relevant financial relationship if he or she has a financial relationship in any amount occurring in the last 24 months with an ineligible company whose products or services are discussed in the CME activity content over which the individual has control. Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patient to be an ineligible company. The ACCME Standards of 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. **All relationships with ineligible companies will be reviewed by the CME office to determine whether your financial relationships are relevant to the education.**

Title of the CME Activity:		Activity Date:	
Name of Planner/Presenter/Reviewer:			
Phone:		Email:	

Role in the CME Activity (check all that apply):

Activity Director		Planning Committee		Reviewer	
Presenter		Author		Moderator	

1. Have you had a financial relationship in any amount in the last 24 months with any ineligible company (see definition above)? Yes No

If **Yes**, please complete the chart below and answer question #2.

If **No**, please attest below and date

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 to the education.

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.	Nature of Relationship: Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor, royalties or patent beneficiary, executive role, and ownership interest. 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.

2. Do you plan on discussing unlabeled/unapproved uses of a commercial product?

Yes No N/A

<input type="checkbox"/> I attest that the above information is correct as of this date of submission	
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Date (e.g..1/1/11)

Save and email completed form to cme@som.umaryland.edu or fax to 410-706-3103

CONTENT VALIDITY STATEMENTS

To be completed by CE Course Faculty/Presenter.

Please review and check the boxes next to each of the content validity statements below:

I will only make recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

I will ensure that all scientific research referred to, reported, or used in this educational activity in support or justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

I will clearly identify new and evolving topics — for which there is a lower (or absent) evidence base — within my presentations.

I will avoid advocating for, or promoting practices that are not (or not yet) adequately based on current science, evidence, and clinical reasoning.

My presentation will exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

I attest that I have reviewed and agree to the above content validity statements



Name:

Date:

Thank you for completing this content validity statement. Please save this document and then attach it to an email and forward to the individual designated below.