CME Activity: 
Presentation Title: 
Speaker/Presenter: Activity Date: 

To complete this form, respond to A, B and C (if applicable), sign (original signature) and date.

A. Do you or your spouse/partner presently (past 12 months) have any relevant financial relationships with a commercial interest? (see glossary of terms below)  
   Yes ☐  No ☐

B. If yes, please indicate the **commercial interest or organization** next to the best description of this relationship.

<table>
<thead>
<tr>
<th>Financial Relationship</th>
<th>Commercial Interest/Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant/Research Support</td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>Speakers List</td>
<td></td>
</tr>
<tr>
<td>Major Stock Shareholder</td>
<td></td>
</tr>
<tr>
<td>Other Financial/Material Support</td>
<td></td>
</tr>
</tbody>
</table>

C. If yes, will your presentation/participation include any **products or services** of the above commercial interest?  
   Yes ☐  No ☐

**Content Validation:** My recommendations involving clinical medicine in this CME activity will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. (original signature required – not typed)

Signature: ___________________________  Date: ______________

**Glossary of Terms**

**Commercial Interest** – any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.

**Financial relationships** -- 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 twelve-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 twelve months that create a conflict of interest.

**Conflict of Interest** -- When an individual’s interests are aligned with those of a commercial interest the interests of the individual are in ‘conflict’ with the interests of the public. The ACCME considers financial relationships to create actual conflicts of interest in CME where individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

**FOR CME OFFICE USE** -- Conflict of Interest identified and resolved by the following:

CME Staff signature: ___________________________  Date: ______________

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