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| **Your Name:** |   |
| **Speaker’s Name:** |  |
| **Speaker’s Employer or Ownership Interest:** |  |
| **Activity Name:** |   |
| **Activity Date(s):** |   |
| **Session/Presentation Title(s):** |   |

*The use of employees/owners of an ACCME-defined ineligible companies as planners, faculty, or in other roles where they are in a position to control content of accredited CME* ***is prohibited****, except in three specific exceptions. In accordance with Mass General Brigham and ACCME policy, employees/owners of ACCME-defined ineligible companies are eligible to participate in Mass General Brigham-certified activities only if one of the* ***three*** *exceptions described below are met:*

1. *When the content of the activity is not related to the business lines or products of their employer/company.*
2. *When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.*
3. *When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.*

*Additional information regarding the requirements around employees/owners of ineligible entities may be found here:* <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships>

*Based on your review of the faculty member’s content and the business lines/products/services of their employer, does this presentation meet one of the ACCME’s three exceptions?*

[ ]  *YES\* (If yes, please state which exception, outlined above, this content meets):*

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[ ]  *NO (If no, the content cannot be offered as part of the CME-certified portion of the activity)*

**\*If yes, please briefly describe why the presentation meets one of the ACCME’s three exceptions.**

**Please submit a copy of the presentation with this form. We cannot approve credit without a copy of the presentation. There is a potential for this presentation to be audited by Joint Accreditation. We will require your input if an audit occurs.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**