**Employee/Owner Additional Information Form**

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| **Speaker’s Name** |  |
| **Activity Name** |   |
| **Session Date** |  |
| **Session/Presentation Title(s)** |   |
| **Name of company**  |  |
| **Company Web site** |  |
| **Description of company’s business** |  |

**Please answer the questions below. The information you provide will help us determine if the company is eligible or ineligible, and if an owner or employee relationship exists.**

1. Does the company have any products used on or by patients on market or in clinical trials?

⃝ Yes

⃝ No

1. Has the company started a regulatory process with the FDA for any products?

***Guidance:***

**Pharmaceuticals:** The ACCME considers the submission of an IND application to be the beginning of the government regulatory approval process for drugs.

1. **Devices:** The ACCME considers the initiation of the premarket approval process to be the beginning of the government regulatory approval process for medical devices.

⃝ Yes

⃝ No

1. What kind of compensation do you receive from the company? Please check all that apply.

🞏 Private stock (aka private equity)

🞏 Salary

🞏 Stipend

🞏 Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please review the statement below and attest:

According to ACCME Standards, Owners and employees of ineligible companies are not allowed to present or speak at CME activities. There are 3 exceptions. Owners and employees of ineligible companies can participate as planners or faculty in these specific situations:

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.

⃝ I attest that I have reviewed the information above. I agree to that if requested, I will send a draft of my presentation. The activity reviewer and the accreditation office will review my presentation to determine if one of the exceptions applies.

Signature (Typed signatures accepted) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_