

Disclosure of Financial Relationships

Name: Title of Activity: Date of Activity:	Individual's prospective role(s) in education <i>Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)</i> <i>To check-off the boxes, click on the box of your selection.</i> <input type="checkbox"/> Planner (Examples: planning committee, staff involved in choosing topics, faculty, or content) <input type="checkbox"/> Teacher, Instructor, Faculty <input type="checkbox"/> Author, Writer <input type="checkbox"/> Reviewer <input type="checkbox"/> Other _____
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The ACCME Standards for 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. Thank you for your diligence and assistance. If you have questions, please contact us at partnerscpd@partners.org

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

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.

Enter the Name of Ineligible Company <small>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards.</small>	Enter the Nature of Financial Relationship <small>Examples of financial relationships include employee, owner, founder, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. 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.</small>	Has the Relationship Ended? <small>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</small>
EXAMPLE: ABC Company	Consultant	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<input type="checkbox"/> In the past 24 months , I have not had any financial relationships with any ineligible companies.		

I attest that the above information is correct as of this date of submission – electronic signatures are accepted

<i>Signature</i>	<i>Date</i>
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Name:

Title of Activity:

Date of Activity:

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the course director as soon as possible. **To check-off the boxes, click on the box of your selection.**

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed all financial relationships with ineligible companies, as defined by the ACCME Standards for Integrity and Independence .
<input type="checkbox"/>	<input type="checkbox"/>	If the nature of my financial relationships changes between now and the time of the activity, I will communicate these changes to the Mass General Brigham Office of Continuing Professional Development.
<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria, additional payments or reimbursements from a commercial entity or ineligible company for my participation in this activity.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the course director may need to review my presentation and/or content prior to the activity. I will provide educational content and resources in advance as requested.
<input type="checkbox"/>	<input type="checkbox"/>	All recommendations for patient care will be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
<input type="checkbox"/>	<input type="checkbox"/>	All scientific research referred to, reported, or used in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
<input type="checkbox"/>	<input type="checkbox"/>	I will clearly identify any new and evolving topics in my presentation for learners. My presentation will not advocate for or promote practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
<input type="checkbox"/>	<input type="checkbox"/>	I will not advocate for unscientific approaches to diagnosis or therapy, or promote 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.
<input type="checkbox"/>	<input type="checkbox"/>	I will not actively promote or sell products or services that serve my professional or financial interests in my presentation.
<input type="checkbox"/>	<input type="checkbox"/>	No owners or employees of any ineligible companies have had any involvement or influence on my decisions or presentation for this CE activity.
<input type="checkbox"/>	<input type="checkbox"/>	I will not use logos from ineligible or for-profit companies in my presentation.

Agree	Disagree	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting at a live event, I understand that a CME monitor may attend the event to ensure that my presentation is not promotional.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing any product use that is off-label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or paid by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any ineligible company, the promotional aspects of that presentation will not be included in any way with this activity.

I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that typing my name below serves as an electronic signature for the purpose of this form.

Signature electronic signatures are accepted

Date