**Name:**(please print) **Credentials**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle all that apply for your role in this activity** *(see definition on page 2):*

**Course Director Planning Committee Presenter/Panelist Moderator Lab Faculty SPOUSE/Partner**

**Content summary of the presentation you are disclosing for. Use back of form if needed. If multiple lectures please list separately or use multiple forms.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Activity:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Per ACCME requirements, persons who fail to sign and return this form are not eligible to be involved with this activity.

**#1. Disclosure of Financial Relationships:**

**First**, list the names of ineligible companies, (defined in the Glossary of Terms on page 2) with which **you** have had a financial relationship within the past 24 months

**With respect to this CME content (check one):**

**No, I do not have a relevant financial relationship.** (Proceed to #2)

**Yes, I do have a relevant financial relationship.** Saint Louis University CME Program does NOT want to know how much you received.

|  |  |  |
| --- | --- | --- |
| **Ineligible Companies *(if more space is needed, please attach a separate sheet)*** | **Nature of Relevant Financial Relationship**  **(Include all those that apply)** | |
| **What was received** | **For What Role?** |
| *Example: Company ‘X’* | *Speaker Fee* | *Promotional Speaker* |
|  |  |  |
|  |  |  |
| **Example terminology:** | |  |

|  |
| --- |
| **What was received**: Salary, royalty, intellectual property rights, research grant, consulting fee, speaker fee, ownership interest  (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.  **Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and ‘other activities (please specify). |

**#2. Disclosure of Off-Label and/or Investigative Uses:**

If, at any time during my educational activity I discuss an off-label/investigative (unapproved) use of a commercial product/device, I understand that I must provide disclosure of that intent.\*\*

**With respect to this presentation/demonstration (check one):**

**No, I do not intend to discuss an off-label/investigative use of a commercial/product/device.** (Proceed to #3)

**Yes, I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s).**

(Provide information below; proceed to #3)

Manufacturer(s)/Product(s)/Device(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#3. Declaration**

I understand that continuing education accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner (or fiscal agent).

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial relationships:** Financial relationships are 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.

**PLEASE REVIEW SLIDE DECK REQUIREMENT INFORMATION ON SECOND PAGE**

**\*\*SLIDE DECK REQUIREMENT**

If you are presenting at the CME activity your slide deck must be set up as follows:

**First Slide: Title Page with Author(s)/Presenter(s)**

**Second Slide: Disclosure Information for yourself and statement of discussion of off-label investigative use as answered in question 2 on the previous pate.**

**Third Slide: Objectives that tie back to your content**

* If you do not have a relevant financial relationship then you would simply state,

**"*I have no relevant financial relationships to disclose* *and I do not intend to discuss off-label investigative use of a drug/device/product.”***

* If you do have a relevant financial relationship, you need to state the relationship and the company (not the product). Example: "*I am a consultant with xxx company and I have received research grant funding from xxx*. And I do or do not plan to discuss (see below)
* If you are intending on discussing a product or device that is not FDA approved for the use under discussion or if it is still under investigation you need to also put that information on slide two.

Example: "*I intend to discuss off-label/investigative uses of the following commercial product(s)/device(s)*:”

Note: For printing/sharing purposes, if possible, we ask that the slide deck you forward to us before the course contain a simple **white background**. For your actual live presentation, we encourage you to use colors and graphics as you desire.

**Glossary of Terms**

**Types of Organizations That Cannot Be Accredited in the ACCME System** Companies that are **ineligible** to be accredited in the ACCME System **(ineligible companies**) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include: • Advertising, marketing, or communication firms whose clients are ineligible companies • Bio-medical startups that have begun a governmental regulatory approval process • Compounding pharmacies that manufacture proprietary compounds • Device manufacturers or distributors • Diagnostic labs that sell proprietary products • Growers, distributors, manufacturers or sellers of medical foods and dietary supplements • Manufacturers of health-related wearable products • Pharmaceutical companies or distributors • Pharmacy benefit managers • Reagent manufacturers or sellers.

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying relevant financial relationships between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. **Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company**.

**Planning Committee Definition:** Planners are defined as anyone who had a contributing role in the content development of the activity. Examples of planner contributions include, but are not limited to, giving suggestions or final approval and/or answering the following questions *(bullet points taken from the ACCME website regarding full disclosure):*

* What subject should we be talking about?
* What speakers should we be getting?
* What elements of this area of care or research should we be pursuing in our CME/CE activity?

**All planners’ disclosure forms are required along with submission of AMA application. All other presenters, panelist,**

**Lab assistants, moderators, authors, etc… can provide required documents prior to the activity as outlined in the deadline dates during the planning meeting.**