



Disclosure for Accredited Continuing Education Activities

Name and Credentials

Activity Title

Activity Date



INDIVIDUAL'S ROLE(S) IN EDUCATION

Identify the role(s) you have in the planning and delivery of this education (*choose all that apply*).

Planner (*example: Planning Committee*)

Teacher, Instructor, Faculty

Author, Writer

Reviewer

MMS Committee Member (*Name of Committee*):

Other: _____

We are seeking your help in keeping our learning environment independent from industry influence. Please complete the form below and return it to _____ by _____.

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. An ineligible company is any entity whose primary business is producing, marketing, selling, reselling, or distributing health care products used by or on patients.

In the past 24 months, I have not had any financial relationships with any ineligible companies.

Enter the Name of Ineligible Company <i>For specific examples of ineligible companies, visit https://accme.org/standards-resources. 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 with ineligible companies, regardless of the amount and potential relevance to each relationship to the education.</i>	Enter the Nature of Financial Relationship <i>Examples of financial relationships include employee, 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.</i>	Content Area of Relationship <i>Provide the content area or focus of the ineligible company's product or service.</i>	Has the Relationship Ended? <i>If the financial relationship existed during the last 24 months but has now ended, please check the box in this column and enter the end date.</i>
EXAMPLE: ABC Company	Consultant	Diabetes	<input checked="" type="checkbox"/> 8/5/20

I plan to reference unapproved/off-label uses of drugs or products in my discussion/presentation.

I attest that the above information is correct as of this date of submission.

Signature: _____ Date: _____ Email: _____