

CENTER FOR CONTINUOUS PROFESSIONAL DEVELOPMENT/CME
ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION
DISCLOSURE UPDATES AS OF MARCH 24, 2021

Dear Prospective Planner/Faculty Member:

We are looking forward to having the opportunity to include you as a planner/faculty member in this accredited continuing education.

Why am I receiving this communication?



The University of Cincinnati is accredited by the Accreditation Council for Continuing Medical Education (ACCME). We appreciate your help in partnering with us to follow accreditation guidelines and help us create high-quality education that is independent of industry influence. In order to participate as a person who will be able to control the educational content of this accredited continuing education activity, we ask that you disclose ***ALL FINANCIAL RELATIONSHIPS*** with ***any ineligible companies*** that you have had ***over the past 24 months*** (*spouse/significant other relationships no longer need to be disclosed*). The ACCME defines ***INELIGIBLE COMPANIES*** *as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies.* We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. For more information on the updated Standards for Integrity and Independence in Accredited Continuing Education, please visit accme.org/standards.

Why do we collect this information?

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with *ineligible* companies. By *identifying* and *mitigating relevant* financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

What are the next steps in this process?

After we receive your disclosure information, we will review it to determine whether your financial relationships are *relevant* to the education. ***Please note:*** the identification of *relevant* financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that *relevant* financial relationships are *mitigated* before you assume your role in this activity.

To help us meet these expectations, please use the form we have provided to share ***ALL FINANCIAL RELATIONSHIPS*** you have had with ***ineligible companies during the past 24 months***. This information is necessary in order for us to be able to move to the next steps in planning this continuing education activity.

If you have questions about these expectations please contact us at uc-cloudcme@ucmail.uc.edu.

Sincerely,

The Center for Continuous Professional Development (CCPD)/CME
DISCLOSURE OF RELATIONSHIPS WITH COMMERCIAL INTERESTS (INELIGIBLE COMPANIES)
University of Cincinnati - Center for Continuous Professional Development/CME

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. In order to participate as a person who will be able to control the educational content of this accredited continuing education activity, [we ask that you disclose ALL FINANCIAL RELATIONSHIPS with any ineligible companies that you have had over the PAST 24 MONTHS.](#)

Please complete the form below and return it to by .

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 uc-cloudcme@ucmail.uc.edu.

SECTION 1: ACTIVITY INFORMATION

TITLE of Program:		DATE of Program:
NAME (include degree):	EMAIL Address:	
TITLE/Position:	ORGANIZATION of Employment:	

Please indicate your role in this activity (check all that apply):

<input type="checkbox"/>	Presenter/Speaker	<input type="checkbox"/>	Moderator/Facilitator	<input type="checkbox"/>	Journal Editor	<input type="checkbox"/>	Author/Writer
<input type="checkbox"/>	Course Director	<input type="checkbox"/>	Planning Committee Member	<input type="checkbox"/>	Activity Coordinator	<input type="checkbox"/>	Physician/Peer Reviewer
<input type="checkbox"/>	CCPD/CME Office Staff (UC)	Other:					

SECTION 2: COMMERCIAL INTEREST | INELIGIBLE COMPANIES | NATURE OF RELATIONSHIP

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. 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 (spouse/significant other relationships no longer need to be disclosed). You should disclose ALL FINANCIAL RELATIONSHIPS regardless of the potential relevance of each relationship to the education.*

The CCPD/CME Office will determine which financial relationships are relevant to the content of this activity.

NO	In the past 24 months, I have NOT had any financial relationships with any ineligible companies. (Proceed to Section 3).
YES	In the past 24 months, I have had financial relationships with ineligible companies.

INELIGIBLE COMPANY	NATURE OF FINANCIAL RELATIONSHIP	HAS RELATIONSHIP ENDED?	
Enter the Name of Company <i>ACCME Definition:</i> An <i>ineligible</i> company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Need more space? Attach a supplemental document.	<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>	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. If yes, provide the end date.	
		NO	YES:
		NO	YES:
		NO	YES:

		NO	YES:
		NO	YES:

INELIGIBLE COMPANY CONTINUED...			
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:
		NO	YES:

SECTION 3: INFORMATION ABOUT THE CONTENT OF YOUR PRESENTATION

<i>Will you be discussing specific pharmacologic treatments or surgical procedures as part of your presentation?</i>	NO	YES
<i>Are the products discussed in your presentation produced or marketed by ineligible entity(ies) with which you have disclosed a relationship?</i>	NO	YES
Will you be presenting findings from specific research studies?	NO	YES
Have studies cited in your presentation been published in a peer-reviewed journal?	NO	YES
Do any of these studies make a recommendation for pharmacologic treatments or surgical procedures?	NO	YES
Did you have any affiliation with any of these studies?	NO	YES
Were any of these studies commercially funded?	NO	YES

SECTION 4: DECLARATION

• **I understand** that my presentation (slides, abstract, CME activity material, etc.) may be peer-reviewed for balance and content validity prior to the CME activity. If requested by the CCPD/CME Office, I will forward my presentation for review. • **I attest** that all clinical recommendations that I make for patient care as part of my presentation, discussion, and/or CME activity materials will be based on the best available evidence and that a balanced view of therapeutic options will be given. • **I agree** to make meaningful disclosure to attendees when products, services, or procedures I discuss are off-label, experimental, and/or investigational (not FDA approved).

FAILURE OR REFUSAL TO DO SO WILL PROHIBIT PRESENTING AT OR PARTICIPATING IN PLANNING THIS ACTIVITY. I

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

SIGNATURE: _____ **DATE** _____ **(required)**