

**Office of Continuing Medical Education
Conflict of Interest: Disclosure and Attestation
FY11**

Name:			
Identified Level of Participation:	<input type="checkbox"/> Course Director	<input type="checkbox"/> Planning committee	<input type="checkbox"/> Speaker
	<input type="checkbox"/> Moderator	<input type="checkbox"/> Panelist	<input type="checkbox"/> Article or Case Presenter <input type="checkbox"/> Other
Content: (e.g., title of presentation or session, topic, etc.)			

The purpose of this form is to identify and resolve all potential conflicts of interests that arise from financial relationships with any commercial or proprietary entity that produces healthcare-related products and/or services relevant to the content you are planning, developing, or presenting for this activity. This includes any financial relationships within the last twelve months, as well as known financial relationships of your spouse or partner.

CHECK ONE OF THE BOXES BELOW:

<input type="checkbox"/> I have no financial relationships with a commercial entity producing health-care related products and/or services.		
<input type="checkbox"/> The commercial entities with which I have relationships do not produce health-care related products or services relevant to the content I am planning, developing or presenting for this activity.		
<input type="checkbox"/> I disclose the following financial relationships with commercial entities that produce healthcare-related products or services relevant to the content I am planning, developing or presenting:		
Company	Type of Relationship*	Content Area (if applicable)

(Attach an additional sheet if you need more room)

*Type of relationship may include: full-time or part-time employee, independent contractor, consultant, research or other grant recipient, paid speaker or teacher, membership on advisory committees or review panels, ownership interest (product royalty/licensing fees, owning stocks, shares, etc) or any other financial relationship.

ATTESTATIONS

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 activity coordinator as soon as possible.

Agree **Disagree**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have disclosed to SIU School of Medicine all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in print. |
| <input type="checkbox"/> | <input type="checkbox"/> | The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the SIU School of Medicine. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that SIU School of Medicine may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested. |

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 will be attending the event to ensure that my presentation is educational, and not promotional, in nature. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. |
| <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 utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company. |

I have carefully read and considered each item in this form, and have completed it to the best of my ability.

Signature

Date

Please return this form as soon as possible to the attention of:

FOR COURSE DIRECTORS USE ONLY: RESOLVING CONFLICT OF INTEREST

***If current conflicts of interest are present, the person overseeing CME content completes this section.**

To assure independence and balance of content, current conflicts of interest were resolved by the following process (check one):

- | | |
|---|---|
| <input type="checkbox"/> Peer review | <input type="checkbox"/> Omitting recommendations for specific products |
| <input type="checkbox"/> Individual ended relationship | <input type="checkbox"/> Recommendations based on structured review for best evidence |
| <input type="checkbox"/> Selected an alternative person | <input type="checkbox"/> Other |

(describe): _____