SIU SCHOOL of MEDICINE

Office of Continuing Medical Education
Conflict of Interest: Disclosure and Attestation
FY21

Name- Please Print	
Faculty or Planning Role	☐ Course Director ☐ Planning committee ☐ Speaker ☐ Author ☐ Moderator ☐ Panelist ☐ Article or Case Presenter ☐ Other (Please specify:_____)
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 (of any amount) 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.

(A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Those who provide clinical service directly to patients are not considered to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.)

CHECK ONE OF THE BOXES BELOW:

☐ Yes, I have financial relationships with commercial entities that produce healthcare-related products and/or services. (**List commercial entities below)**

☐ 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.

☐ No, I have no financial relationship with a commercial entity producing health-care related products and/or services.

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 grand 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	
☐	☐	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.

Agree	Disagree	N/A	
☐	☐	☐	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.
☐	☐	☐	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.
☐	☐	☐	If I am discussing any product use that is off label, I will disclose that that use or indication in question is not currently approved by the FDA for labeling or advertising.
☐	☐	☐	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.
☐	☐	☐	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 disclosed to SIU School of Medicine all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and/or in print. I have carefully read and considered each item in this form, and have completed it to the best of my ability.

Signature **Date (FY21)**

Please return to: Email:

FAX: Phone: