

FY26 Form for Collecting Information About All Financial Relationships from Planners, Faculty, and Others

Are you an employee/owner of an ineligible company? ☐ Y or N ☐ (See definition below)

To be completed by education staff.

Name of Individual:

Title of Continuing Education Activity or Series:

Date and location of Activity:



Individual's prospective role(s) in education

Identify the prospective role(s) that this person may have in the planning and delivery of this education (*choose all that apply*)

☐ Planner

Examples: planning committee, staff involved in choosing topics, faculty, or content

☐ Teacher, Instructor, Faculty

☐ Author, Writer

☐ Reviewer

☐ Other

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. 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 _____.

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 (see definition below). 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. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

For specific examples of ineligible companies visit accme.org/standards.

Enter the Nature of Financial Relationship

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.

Has the Relationship Ended?

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.

Example: ABC Company

Consultant

✓

✓

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

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

Signature

Date

* If you have no relationships to disclose, please check the box above your attestation statement and signature.

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 an ineligible company or its agent as a speaker (e.g., speaker's bureau), the promotional aspects of that presentation will not be included in any way with this activity.

THIS SECTION APPLIES TO PRESENTERS OF CONTENT.

In keeping with the educational nature of this activity and the expectations of activity attendees, I agree not to promote or sell any product or service. I also understand that as circumstances change, SIU SOM may cancel my presentation at any time without liability.

I will notify SIU Office of CPD immediately in the event that an emergency prevents me from meeting my obligations.

My presentation is factually accurate and nothing violates any proprietary or personal rights of others or is libelous or unlawful. My presentation is my own original work or I have obtained all necessary permissions for material I've included. I will keep ownership of my presentation and any handouts or visual aids used. SIU SOM has my permission to duplicate my handouts for attendees and use my name, photo, biographical data and presentation materials to promote this activity.

The information I present is solely for the purpose of informing attendees of current issues important to their practice of medicine. None of the information is intended to encourage actions on the part of participants that would violate federal or state antitrust law.

I acknowledge the above conditions and agree to follow them.

I do not agree to the above conditions and will recuse myself from speaking for this activity.

My role is in the planning of the activity. The above conditions do not apply to me as a planner.

Signature _____

Date (FY26) _____

**Please return this form to the Office of Continuing Professional Development by
email (ocpd@siumed.edu) or fax (217-545-4413).**