

# Disclosure Form

## Information about All Financial Relationships from Planners, Faculty, and Others

**All fields on the first page must be filled out in its entirety.**

**Return and question fields must be to your organization not to MedChi.**

**Signature must be affixed at the bottom of this page. A digital or Electronic Signature is fine.**

**To be completed by education staff.**

Name of Individual:

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Title of Continuing Education:

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Date and location of Education:

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**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 **Contact Name/email** by **Date**.

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 **Contact Name/email**.

**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	Enter the Nature of Financial Relationship	Has the Relationship Ended?
<p>An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</p> <p>For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a>.</p>	<p>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.</p>	<p>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.</p>
Example: ABC Company	Consultant	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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**



**Note for Continuing Education Staff**

Date:

Use this template to collect all relevant financial relationships of prospective planners, faculty, and others who may control educational content before they assume their role in the education. As an alternative to collecting disclosure information for each activity, if your planners and faculty are a set group of individuals, you might choose to collect this information on an annual or periodic basis and ask the individuals to update if any information changes during the year.



# Disclosure Form

## Communicating Disclosure to Learners



### Note for Continuing Education Staff

If any of the following statements apply to the education, you **do not** need to identify, mitigate, or disclose relevant financial relationships for this accredited continuing education:

- ✓ It will only address a non-clinical topic (e.g., leadership or communication skills training).
- ✓ It is for a learner group that is in control of the content entirely (e.g., spontaneous case conversation among peers).
- ✓ It is a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan). When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

Use the sample language below to provide disclosure to learners in a format that can be verified at the time of accreditation. Disclosure must be provided to learners **before** engaging with the accredited education.

### What gets disclosed to learners before the education?

#### If there are **NO** relevant financial relationships:

*Inform learners that planners, faculty, and others in control of content (either individually or as a group) have no relevant financial relationships with ineligible companies.*

#### EXAMPLES:

*“Dr. Xin Lee, faculty for this educational event, has no relevant financial relationship(s) with ineligible companies to disclose.”*

*“Ruth Hopkins, Dr. Maryam Elbaz, and Ken Sanders, authors of this educational activity, have no relevant financial relationship(s) with ineligible companies to disclose.”*

*“None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.”*

#### If there **ARE** relevant financial relationships:

*Disclose name(s) of the individuals, name of the ineligible company(ies) with which they have a relevant financial relationship(s), the nature of the relationship(s), and a statement that all relevant financial relationships have been mitigated.*

#### EXAMPLES:

*Nicolas Garcia, faculty for this educational event, is on the speakers' bureau for XYZ Device Company.*

*Dr. Yvonne Gbeho, planner for this educational event, has received a research grant from ABC Pharmaceuticals.*

*All of the relevant financial relationships listed for these individuals have been mitigated.*

#### NOTE:

- ✓ If commercial support is received, the accredited provider must also disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education.
- ✓ Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.
- ✓ It may be helpful to include definitions of terms to learners to support their understanding of your processes (e.g., ineligible companies, relevant financial relationships, etc...)

## **CME PRESENTER GUARANTEE**

*This form is only to be filled out by a speaker/panelist/moderator/presenter*

I, \_\_\_\_\_, guarantee that the materials included in my presentation do not breach any proprietary rights, including but not limited to copyrights and trademarks, of any person or entity. Further, I contend that the materials to be presented will not constitute a violation of the protection of literary, artistic and scientific property, or of anyone's right to privacy. I also pledge that I will not libel, slander, depreciate, denigrate, dishonor or defame anyone in the course of making my presentation.

Should I, the Speaker/Panelist/Moderator/Presenter, breach this guarantee, I will hold MedChi and all of its officers, employees and agents harmless of any consequences, such as claims and causes of action that result from such a breach.

Print Name

Signature

Date

## COMPLIANCE AGREEMENT

This form is only to be filled out by the Joint Provider

I, \_\_\_\_\_ a representative of the \_\_\_\_\_, attest that I will abide by the terms and conditions set forth in the MedChi Application for Joint Providership. I also agree to submit the following materials to MedChi, The Maryland State Medical Society, no later than 60 days after the final activity in the series:

- Copy of any signed support agreements or partnership contracts
- List of exhibitors
- Final copy of course budget
- Copy of program book/schedule/agenda (with evidence of written disclosure)
- Final copy of handouts, slides, PowerPoint presentations, texts or abstracts
- Copy of individual evaluations and summary of evaluations
- Copy of registration materials
- Attendance list delineating physicians from non-physicians
- List of those receiving CME certificates indicating # of credits claimed
- Copy of any recordings made of the presentation

I understand that failure to comply and submit these materials can lead to revocation of accreditation of this CME activity, and may affect any future requests for CME accreditation.

I understand that a late fee of \$100 per credit will be assessed if these materials are not received by the 60 day deadline.

Printed Name

Signature

Date