

Disclosure Form



The Ascension - St. John Hospital CME Program must ensure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. 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. Therefore, all participating (activity organizers, program directors, committee members, and lecturers) in a sponsored event are expected to disclose any financial relationships with 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.

The intent of this disclosure is not to prevent a speaker, presenter, event organizer, or committee member who may have influence over material from contributing, but rather to provide activity organizers and listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Although organizers and committee members may not actually present at a planned event, their responsibility of program planning, oversight and credit approval places them in positions to potentially influence educational events. The significance to influence, therefore requires full disclosure of potential conflicts of interests in the fulfillment of their responsibilities.

Have you had a financial relationship in the last 24 months with any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients?

- Yes
- No

It is the speaker's responsibility to disclose any presentation of off-label uses of a product. Do you anticipate your presentation to include discussion of any off-label uses of a product?

- No
- Yes (Please Explain) _____

I attest to the following:

- I will prepare fair & balanced presentations that are objective & scientifically rigorous. Content – including therapeutic options, recommendation, or emphasis – will be well-balanced, evidence based where possible & unbiased. Source and type of evidence will be made clear to the participants and be HIPAA compliant, i.e., I will only use de-identified patient information. No single product or service will be over represented when other equal but competing products or services are available for inclusion.
- I will use generic names to the extent possible when discussing specific health care products or service. If I need to use trade names, I will use trade names from several companies when available, & not just trade names from any single company.
- If I have been trained or utilized by a commercial entity or its agent as a speaker for any ineligible entity, 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 & methods, & will not promote the commercial interest of the funding company.
- The handouts and slides will not include my company logo other than on the first slide (the copyright symbol may be included on each of the slides.)
- I will not include any advertising, trade names or product-group messages in any of the educational materials for this CE activity (slides, abstracts, handouts, etc.).
- I understand that activity planners may need to review my presentation &/or content prior to the activity & I will provide educational content and resources in advance as requested.
- I have not and will not accept any honoraria, additional payments, or reimbursements beyond that which has been agreed upon directly with Provider of this activity.

I understand that participants will be asked to evaluate these requirements.

Signed: _____ Date: _____