

## **Disclosure for CME Activities** **Course Director/Planner/Speaker/Reviewer**

This form must be completed prior to the planning of the CME activity for any individual (course director, planner, speaker or content reviewer) in a position to control the content of the CME activity.

It is a policy of Michigan State University Continuing Medical Education to insure balance, independence, objectivity and scientific rigor in all our individually sponsored or jointly sponsored educational programs.

MSU CME has implemented a mechanism to identify and resolve any relevant conflicts of interest for all individuals in a position to control the content of an educational activity. This process must be completed prior to the commencement of the activity. Disclosure to learners must also be provided prior to the commencement of the activity. This includes the course director(s), planners, speakers, authors, panel members, moderators, content validation reviewer(s), etc. If an individual refuses to disclose relevant financial relationship to MSU, s/he will be disqualified from participating in the CME activity.

As faculty selected to participate in this CME activity, we ask that you review the definitions below and complete the Disclosure and Attestation Forms that follow this cover sheet.

### **Glossary of Terms**

#### **Commercial Interest**

The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation or participation in joint providership. For more information, visit [www.accme.org](http://www.accme.org).

#### **Financial relationships**

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

#### **Relevant financial relationships**

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

#### **Conflict of Interest**

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

**Activity Director/Planner/Speaker/Reviewer CME Disclosure Form**

Name:

Today's Date:

CME Activity Title:

Area of Specialty:

Your role in this CME activity:    Course Director    Planner    Speaker    Content Reviewer

Other:

**Do you or your spouse/partner have, at present or within the past 12 months, a financial relationship with any Commercial Interest that are relevant to the activity content?**

No    Yes (Complete table below, then sign and date)

Check Appropriate Boxes	Type of Financial Relationship Include spousal/partner relationships (within the past 12 months)	Name of Company (within the past 12 months)
<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner	1. Employment by commercial entity (This is a non-resolvable conflict of interest)	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner	2. Consultant	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner	3. Intellectual property rights	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner	4. Speakers' Bureau	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner	5. Grant/Research Support	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner	6. Consulting fees	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner	7. Major Stock Shareholder	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner	8. Other Financial or Material Support	

**I represent that the foregoing information is complete and truthful, and I agree to update this form within 30 days if I acquire any new financial relationships.**

Signature of Reporting Individual:

Date of Submission: