

**DISCLOSURE FORM**

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| --- | --- | --- | --- |
| **Name** | Click here to enter text. | **Activity Date** | Click here to enter a date. |
| **Activity Name** | Click here to enter text. |
| **Please indicate your role in the Activity:** *(check all that apply)* |

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| --- | --- | --- | --- | --- | --- |
| **Planning Committee** | **Presenter/ Instructor** | **Author** | **Course Director** | **Moderator/ Facilitator** | **Content****Reviewer** |
| [ ]  |[ ] [ ] [ ] [ ] [ ]

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**Disclosure of** **Relevant Financial Relationships, Content Validation and Mitigation**

The Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence require all financial relationships between individuals that can control or influence the content of an activity (speakers, planning committee members, content reviewer, etc.) and ineligible companies be evaluated to determine if the possibility exists for industry influence in the learning environment of an accredited continuing educational activity. If any relationship exists, it must be mitigated prior to the activity. Specific disclosure information for each course contributor will be documented and shared with the audience prior to the activity.

The Accreditation Council for Continuing Medical Education (ACCME) **defines an** **ineligible company** as 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.***

Required disclosure includes **ALL** financial relationships in which an individual, has had a financial relationship with an ineligible company **within the last 24 months.** Please disclosure all financial relationships with ineligible companies regardless of the amount. There is no minimum financial threshold. Additionally, list all financial relationships regardless of the potential relevance to the topic.

**Examples of natures of relationships**: 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 grant and manages the funds.**

**Relationship status:** If the financial relationship existed during the last 24 months but has now ended, please check the box in the last column. This will help in determining if any mitigation steps need to be taken.

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 adhering to the ACCME guidelines. For additional information,

email **cme@nortonhealthcare.org**or call **(502) 446-5955**.

**Disclosure Form**

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| **Step 1: Disclosure of Financial Relationships** |
| **Disclosure (please check yes or no):** [ ]  **NO**, I have no financial relationships. *Please go to Step 2.*  |
| [ ]  **YES**, I do have a financial relationship with an ineligible company within the last 24 months.  *If you checked YES, provide the information below*  |
| **Name of Ineligible Company** | **Nature of Relationship** | **Product/Service** | **Check the box if the relationship has ended.**  |
| **Example:** ABC Company | Speaker | Diabetes | [x]   |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | [ ]   |
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| ***Note:*** *Norton Healthcare, Norton Medical Group, Norton Children’s Medical Group and* *physician practices are not considered an ineligible company.* |
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| **Step 2: Attestation**  |
| [ ]   **I attest that the above information is correct as of this date of submission.** |
| Click here to enter text.***(Type name /signature)*** | Click here to enter a date.***(Date)*** |

**Not on electronic: Please submit your completed form via**

**email:** **cme@nortonhealthcare.org**

*Thank you!*

**To be completed by RSS Activity Director**

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| **Step 1: Financial Relationship?** |
|  **YES** [ ]  **Forward disclosure form to CME prior to the event.** | **NO** [ ]  |
| **Reviewed by:**  |
| **To be completed by CME**  |
| **Step 2: Action Required?** |
|  **YES** [ ]  **(Complete below)** | **NO** [ ]  |
| **Step 3: Mitigation (Attach documentation, if applicable)** |
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| **COMPLETED POST ACTIVITY** |
| ***Disclosure of the above information was provided to the learner via the following tools:****(Check all that apply)* |
|  [ ]  Activity Announcement | [ ]  Handout |  [ ]  Signage |  [ ]  PowerPoint Intro Slide |
|  [ ]  Verbal Announcement |  [ ]  Confirmation Letter  |  [ ]  Other *(specify)* |
| **COMPLETED BY** |
| **CE Planner:** | **Date:** |
| **ANCC Nurse Planner (if applicable):** | **Date:** |