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315 East Broadway, Suite 505 Louisville, KY 40202 **Phone**: (502) 629-8574 **Fax**: (502) 629-6556

**DISCLOSURE FORM**

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| **Name/Degree:** | Click here to enter text. | **Activity Date** | Click here to enter a date. |
| **CME Activity Name:** | Click here to enter text. | | |
| **Title of Presentation:**  *(if applicable)* | Click here to enter text. | | |
| **Please indicate your role in the CME Activity:**  *(check all that apply)* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Planning Committee** | **Presenter/ Instructor** | **Author** | **Course Director** | **Moderator/ Facilitator** | **Content**  **Reviewer** | |  |  |  |  |  |  | | | |
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**Disclosure of** **Relevant Financial Relationships, Content Validation, and Resolution of Conflict**

It is our policy to ensure balance, independence, objectivity and scientific rigor in all sponsored educational activities. All participating faculty, course directors, and planning committee members are required to disclose to the program audience any financial relationships related to the subject matter of CME activities/programs. Relationships of spouse/partner with commercial interest should also be disclosed.

The Accreditation Council for Continuing Medical Education (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.

Financial relationships are those relationships in which the individual or spouse/partner benefits by receiving 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 benefits. Financial benefits are usually associated with roles such as independent contractor (including contracted research), consulting, promotional speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. A relevant relationship for the specific program exists when the individual has the ability to control content *related to* products/services of the commercial interest(s).

Disclosure information is reviewed by the Office of CME in advance of planning and/or the activity in order to manage and resolve any possible conflicts of interest. Specific disclosure information for each course faculty will be shared in writing (and documented in the file) with the audience prior to the faculty’s presentation.

**Persons who fail to provide this information in advance of the course (allowing for adequate time for review) are not eligible to be involved in this CME activity**

*We sincerely appreciate your role in assisting us to maintain our CME accreditation guidelines.*

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**Disclosure Form**

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| **Step 1: Disclosure of Relevant Financial Relationships** | | | | | |
| Relevant financial relationships are those in which an individual **(including their spouse/partner),** in the last 12 months, has had a personal financial (any amount) relationship with a 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 patient.  *\*Note-Norton Healthcare, Norton Medical Group, and physician practices are not considered relevant relationships.*  Please check one: | | | | | |
| Regarding your role in the CME activity (check one):    **NO**, I/we have no relevant personal financial relationship. *(If you checked this box, skip to Step 2)* | | | | | |
| **YES**, I/we do have a personal financial relationship with a commercial interest and control over educational content related to the products and/or services of the commercial interest(s).  *(If you checked this box, provide the information below)* | | | | | |
| **Nature of**  **Relationship** | **Name of Commercial Entity(ies)** | **Self** | **Spouse or Partner** | **Product**  **or Service** | **Clinical Condition** |
| Advisory Board | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Consultant | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Employee | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Grant Recipient | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Honoraria | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Intellectual Property/Patents | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Office or Board Member | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Research | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Speaker’s Bureau | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Stock Shareholder | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |
| Other *(Describe):* | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. |

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| **Step 2: Disclosure of Off-Label and/or Investigational Uses** |
| Do you intend to reference off-label/unapproved uses of drugs or devices in your presentation? (check one):   |  | | --- | | **NO**, I do not intend to reference off-label/unapproved uses of drugs or devices.  *(If you checked this box, skip to Step 3)* | | **YES**, I do intend to reference off-label/unapproved uses of drugs or devices.  *(If you checked this box, provide the information below)* | |
| |  |  |  | | --- | --- | --- | | **PRODUCT** | **OFF-LABEL USE** | **MANUFACTURER** | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |

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| **Step 3: Accreditation Council for Continuing Medical Education (ACCME)** |
| **Please read the following accreditation statements/rules below.**  Your signature will indicate your intent to abide by the guidelines set forth within this disclosure document.  Questions and concerns should be directed to the Office of Continuing Medical Education via  email at [cme@nortonhealthcare.org](mailto:cme@nortonhealthcare.org) or by calling (502) 629-8574. |
| * 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 business interest of a commercial interest. * Recommendations involving diagnosis and treatment discussed in the presentation are based on evidence which is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patient. * All scientific research referred to, reported, or used in CME in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Citations of the work are recommended. * Objectives of my presentation are consistent with overall objectives of the course, and the content is relevant to participants needs. * I have disclosed all relevant financial relationships. I understand these will be disclosed to the audience, if they are relevant/potentially relevant to your educational content. * I have not and will not accept any honoraria, additional payment or reimbursements beyond that which has been agreed upon. * I understand that the CME department may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested. * I understand that commercial entity’s corporate names or logos should not appear on my slides or handouts. * I understand that a CME monitor may be attending the event to ensure that my presentation is educational, and not promotional, in nature. * If I am discussing specific health care 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 ‘the use or indication in question’, is not currently approved by the FDA for labeling or advertising. * If I am a speaker for any commercial interest, the promotional aspects of this relationship 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 and methods, and will not promote the commercial interest of the funding company. |

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| **Step 4: Declaration** | | |
| I will uphold the continuing education standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. I understand that continuing education accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) from any source other than the accredited CME provider or its educational partner. | | |
| Click here to enter text.  ***(Signature)*** | | Click here to enter a date.  ***(Date)*** |
|  | Please check this box if you are sending your application electronically.  By checking this box, ‘I attest that the completed information is accurate.’  Type your name and the date in the space provided above. | |

**Please submit your completed form and CV (if applicable) via**

**Email:** [**cme@nortonhealthcare.org**](mailto:cme@nortonhealthcare.org) ***or* Fax: 502-629-6556.**

*Thank you!*

**FOR CME OFFICE USE ONLY**

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| **Step 1: Relevant Financial Relationship?** | | | | | |
| **YES** | | | **NO** | | |
| **Step 2: Action Required?** | | | | | |
| **YES  (Complete below)** | | | **NO** | | |
| **Step 3: Resolution (Attach documentation, if applicable)** | | | | | |
|  | | | | | |
| **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 | Other *(explain):* | | | Evaluation | |
| **COMPLETED BY** | | | | | |
| **Name:** | | | | | **Date:** |