

FULL NAME:	
ACTIVITY TITLE:	
ACTIVITY DATE:	

What is your role in the educational activity? (Check ALL that apply)

- Presenter
 Planner
 Author, Writer
 Activity Director
 Moderator
 Other, please specify:

RELEVANT FINANCIAL RELATIONSHIP(S) AND DISCLOSURE POLICY




As an accredited provider of continuing medical education through the Accreditation Council for Continuing Medical Education (ACCME), the Medical Society of Delaware (MSD) must ensure balance, independence, objectivity, and scientific rigor in all its educational activities. Content is expected to be presented in a scientific and objective manner. Any real or apparent disclosures of relevant financial relationship(s) with ineligible companies related to the content of the continuing education activity must be disclosed to the audience.

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 to the education.

Definition of Ineligible Company: The ACCME defines an ineligible company as those whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be ineligible companies. Individuals who refuse to disclose financial information and/or cannot mitigate relevant financial relationships, are prohibited from participating in the planning or implementation of this CME activity. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit accme.org/standards

	In the past 24 months, I have NOT had any financial relationships with ineligible companies.
	I attest that the above information is correct as of this date of submission. Please complete Section 2 & 3
	<i>If YES (you have disclosures), Please list financial relationships below & complete Section 2 & 3</i>

Affiliation/Financial Relationship	Name of Ineligible Company & your role
Employment by Ineligible Company	
Advisory Board	
Grant/Research Support	
Consultant	
Speakers' Bureau or Honoraria	
Royalty	
Intellectual Property Rights	
Ownership Interest (publicly traded)*	
Ownership Interest (privately held)	
Other Financial Benefit	

*e.g. stock options or other ownership interest, excluding diversified mutual funds

Section 2 - Please complete below & then proceed to Section 3
(if not a presenter/speaker, proceed to Section 3):

If you are a **presenter/speaker**, will your presentation include discussion of any commercial products or services?
 Yes No

If yes, do you have a financial interest or other financial relationship with the manufacturer(s) of any of the product(s) or services you will discuss? Yes No

If yes, please list the manufacturer(s), and what product / service your discussion will include, and why.

Section 3 - Please review & complete below:

Please review the statements below & sign

- Recommendations are known to be effective in the treatment of patients and have benefits that outweigh the risks.
- The information is presented without bias or favoritism towards any pharmaceutical company or medical device manufacturer.
- I understand that I will be disqualified from the planning or implementation of any portion of an educational activity that

relates to my affiliation with a pharmaceutical company, medical device manufacturer, or other ineligible company.

- I have disclosed to the Medical Society of Delaware all financial relationships with ineligible companies within the past 24 months, which will in turn be disclosed to the audience prior to the activity.
- 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 proprietary business interest of an ineligible company. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
- If requested, I will provide my presentation and/or content two weeks in advance of the activity for review by the planning committee CME committee and/or an independent third-party reviewer.
- If I am presenting, my presentation will not include ineligible company logos and/or any marketing verbiage on any content pages.
- I have not and will not accept any payment from an ACCME defined ineligible company for my role in this CME activity.
- If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
- 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 have been trained or utilized by an ineligible company or its agent as a speaker (e.g., speaker’s bureau) for any ineligible company, the promotional aspects of that presentation will not be included in any way with this activity.
- If I am presenting research funded by an ineligible company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the ineligible company, including their services and products.

Attestation: Type your full name, date, and sign below to indicate your understanding of and willingness to comply with each of the above statements and to certify that you have completed this form to the best of your knowledge and have disclosed all financial relationships with ineligible companies (non-profit, government or non-healthcare agencies/organizations are exempt) during the last 24 months.

If you have any questions regarding your ability to comply, please contact the Office of Professional Education at the Medical Society of Delaware cme@medsocdel.org

I attest that the above information is correct as of this date of submission.

Print Name: _____ Date: _____

Signature: _____