## DISCLOSURE OF RELATIONSHIPS WITH COMMERCIAL INTERESTS (INELIGIBLE COMPANIES)

University of Cincinnati - Center for Continuous Professional Development/CME

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. In order to participate as a person who will be able to control the educational content of this accredited continuing education activity, we ask that you disclose <u>ALL FINANCIAL</u> <u>RELATIONSHIPS</u> with any ineligible companies that you have had over the <u>PAST 24 MONTHS</u>.



Please complete the form below and return it to

**SECTION 1: ACTIVITY INFORMATION** 

by



The <u>ACCME Standards for Integrity and Independence</u> 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 your diligence and assistance. If you have questions, please contact us at <u>uc-cloudcme@ucmail.uc.edu</u>.

TITLE	of Program:		DATE of Pro	gram:					
NAME (include degree):			EMAIL Address:						
TITLE/Position:			ORGANIZATION of Employment:						
Please indicate your role in this activity (check all that apply):									
	Presenter/Speaker	Moderator/Facilitator	Journ	Journal Editor		Author/Writer			
	Course Director	Planning Committee Member	Activ	ctivity Coordinator		Physician/Peer Reviewer			
	CCPD/CME Office Staff	Other:							
	<u>'</u>								
SECTIO	ON 2: INFORMATION ABO	OUT THE CONTENT OF YOUR PRESENT	TATION						
Will you be discussing specific pharmacologic treatments or surgical procedures as part of your presentation?							YES		
Are the products discussed in your presentation produced or marketed by ineligible entity(ies) with which you have disclosed a relationship?							YES		
Will you be presenting findings from specific research studies?							YES		
Have studies cited in your presentation been published in a peer-reviewed journal?							YES		
Do any of these studies make a recommendation for pharmacologic treatments or surgical procedures?						NO	YES		
Did you have any affiliation with any of these studies?							YES		
Were any of these studies commercially funded?							YES		

## SECTION 3: COMMERCIAL INTEREST | INELIGIBLE COMPANIES | NATURE OF RELATIONSHIP

To be Completed by Planner, Faculty, or Others Who May Control Educational Content.

Please disclose ALL FINANCIAL RELATIONSHIPS that you have had in the PAST 24 MONTHS with ineligible companies. For each financial relationship, enter the name of the <u>INELIGIBLE COMPANY</u> 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 (spouse/significant other relationships no longer need to be disclosed). You should disclose ALL FINANCIAL RELATIONSHIPS regardless of the potential relevance of each relationship to the education.

The CCPD/CME Office will make the final determination of which financial relationships are relevant to the content of this activity.

NO	In the past 24 months, I have NOT had any financial relationships with any ineligible companies.
YES	In the past 24 months, I have had financial relationships with ineligible companies.

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- STEP 1: PROVIDE THE NAME OF THE INELIGIBLE COMPANY ACCME DEFINITION: An *ineligible* company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
- STEP 2: PROVIDE THE NATURE OF FINANCIAL RELATIONSHIP: 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 research grant and manages the funds.
- STEP 3: IN YOUR OPINION IS THIS RELATIONSHIP RELEVANT TO THIS PRESENTATION?
- STEP 4: HAS THE RELATIONSHIP ENDED? If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken. If yes, provide the end date.
- NEED MORE SPACE? Attach a supplemental document with this form including the information needed below.

INELIGIBLE COMPANY	NATURE OF FINANCIAL RELATIONSHIP	RELEVANT	HAS RELATIONSHIP ENDED?	
			NO	YES:

## **SECTION 4: DECLARATION**

- *I understand* that my presentation (slides, abstract, CME activity material, etc.) may be peer-reviewed for balance and content validity prior to the CME activity. If requested by the CCPD/CME Office, I will forward my presentation for review.
- *lattest* that all clinical recommendations that I make for patient care as part of my presentation, discussion, and/or CME activity materials will be based on the best available evidence and that a balanced view of therapeutic options will be given.
- *l agree* to make meaningful disclosure to attendees when products, services, or procedures I discuss are off-label, experimental, and/or investigational (not FDA approved).

FAILURE OR REFUSAL TO DO SO WILL PROHIBIT PRESENTING AT OR PARTICIPATING IN PLANNING THIS ACTIVITY.

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

**SIGNATURE & DATE (required):** 

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