

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 ALL FINANCIAL RELATIONSHIPS with any ineligible companies that you have had over the PAST 24 MONTHS.](#)



Please complete the form below and return it to _____

by _____



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 your diligence and assistance. If you have questions, please contact us at uc-cloudcme@ucmail.uc.edu.

SECTION 1: ACTIVITY INFORMATION

TITLE of Program:		DATE of Program:	
NAME (include degree):		EMAIL Address:	
TITLE/Position:		ORGANIZATION of Employment:	
Please indicate your role in this activity (check all that apply):			
<input type="checkbox"/>	Presenter/Speaker	<input type="checkbox"/>	Moderator/Facilitator
<input type="checkbox"/>	Course Director	<input type="checkbox"/>	Journal Editor
<input type="checkbox"/>	CCPD/CME Office Staff	<input type="checkbox"/>	Author/Writer
<input type="checkbox"/>		<input type="checkbox"/>	Physician/Peer Reviewer
<input type="checkbox"/>		<input type="checkbox"/>	Activity Coordinator
<input type="checkbox"/>		<input type="checkbox"/>	Other:

SECTION 2: INFORMATION ABOUT THE CONTENT OF YOUR PRESENTATION

Will you be discussing specific pharmacologic treatments or surgical procedures as part of your presentation?	NO	YES
Are the products discussed in your presentation produced or marketed by ineligible entity(ies) with which you have disclosed a relationship?	NO	YES
Will you be presenting findings from specific research studies?	NO	YES
Have studies cited in your presentation been published in a peer-reviewed journal?	NO	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?	NO	YES
Were any of these studies commercially funded?	NO	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 **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 (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.

