

Name: _____ Activity Date: _____

CME Activity: _____ Program ID#: _____

Role(s) in Determining Educational Content:

- Planner/Lead Co-Planner/Co-Lead Planning Committee Presenter/Author

Purpose. The Accreditation Council for Continuing Medical Education (ACCME) requires CME providers to identify and resolve all potential conflicts of interest of planners and presenters prior to a CME activity (i.e., all individuals in a position to control the content). When current relevant relationships are disclosed, the potential conflicts must be resolved. **Relevant relationships identified on the disclosure form (including the absence of such relationships) must be conveyed to the audience prior to the activity.**

Definitions. "Relevant financial relationships" are those in which an individual (including spouse/domestic partner) **has both:**

- (1) **a personal financial relationship** (any amount) with a **commercial interest** (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in the past 12 months, whether the relationship has now ended or is currently active.
- (2) **control in planning or presenting educational content addressing specific products** of the commercial interest (not simply a whole class of products as a group).

(No disclosure needed for relationships with non-profits, government units, or entities not producing health care goods or services.)

Disclosure. Regarding my role in the CME activity listed above, currently or in the past 12 months (check one):

- I have/had NO relevant personal financial relationships.** (Go to Signature section following the box below.)
- I have/had BOTH (1) a personal financial relationship** with a commercial interest and **(2) will control educational content** about the products of the commercial interest. (Complete next section, then go to Signature section following the box below.)

Type of Personal Financial Relationship	Name of Company(s) Whose Products Will Be Addressed	Relationship Status	
		Ended	Current*
Consultant	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Speaker's Bureau	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Grant/Research Support (Principal Investigator or working directly for company/company's agent)	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Stock Shareholder (self managed)	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Other (e.g., royalty, employee) [describe]:	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *

Balance in content: Planners and Presenters should be aware that:

- Presentations, individually or in combination during the activity, must give a balanced view of the therapeutic options.
- Generic names of products contribute to impartiality. If trade names are used, those of several companies should be used.
- For FDA regulated products, unapproved uses (i.e., "off-label" uses) must be identified as such.
- If information is to be presented that is not established medical practice, the information must be identified as such.

Signature of Faculty Planner/Presenter

Date

*** If any "Current Relationship" is checked in the box above, the "RESOLUTION" section below must also be completed.**

Resolution. To assure independence and balance of content, current conflicts of interest were resolved by the following process (check one):

- Peer review Omitting recommendations for specific products
- Individual ended relationship Recommendations based on structured review for best evidence
- Selected an alternative person Other (describe): _____

Signature of Individual Designated to Resolve Conflict of Interest

Date

If this form was subsequently shared directly with participants, also complete the section below and forward completed copy to OCME&LL.

If the mechanism for sharing presence or absence of the commercial relationships listed above was to provide or display a copy of this form to participants before the activity, this occurred on _____ (date) and was verified by: _____ (name).

If this method was used, send a completed copy of this form within 30 days to juliwils@umich.edu or fax to 647.2928.