

Conflict of Interest Disclosure Statement CME Faculty, Authors, Members of Planning Committees and Staff

Name: _____

Role in Education:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Planner (examples: planning committee, staff involved in choosing topics, faculty, or content) <input type="checkbox"/> Teacher, Instructor, Faculty <input type="checkbox"/> Author, Writer | <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff <input type="checkbox"/> Other _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

It is the policy of the American Osteopathic Association programs to ensure balance, independence, objectivity, and scientific rigor in all sponsored educational activities. In order to be in compliance with Standards for Integrity and Independence, AOA has implemented a disclosure process to ensure that anyone who is in a position to influence and/or control the content of an education activity has disclosed all real and apparent conflicts of interest (i.e., relevant financial relationships with any ineligible companies).

Please complete this disclosure form and return it to CME Staff before _____ (time) on _____ (day). If you have indicated a conflict of interest, this information will be forwarded to the Program Chair. At the start of the planning meeting, the Chair will remind those that have indicated a potential conflict of their responsibility to disclose any bias during the meeting that could result in a conflict of interest. In addition, please note that you must recuse yourself from involvement in any discussion where there is a potential for bias based on your financial interests. Failure or refusal to disclose or the inability to manage the identified conflict may result in our request for your withdrawal from the planning process.

All persons who may impact the content of a CME activity, including faculty, planners, authors and staff, are expected to disclose to the activity audience any real or apparent conflict(s) of interest. A conflict of interest exists when an individual (or an immediate family member or partner) has a financial relationship with an ineligible company. **The ACCME defines an ineligible company as “companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.”** Relationships are defined as any financial that pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations.

The goal of this process is not to exclude people who have conflicts but to mitigate these conflicts while benefiting from your expertise. Disclosure is required so that the planning committee, activity director, and/or staff can resolve these conflicts and so that participants may be informed and forms their own judgments about the activity in the light of full disclosure of the facts. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. Furthermore, all actual and potential conflicts should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the speaker’s outside interests may reflect a possible bias in either the exposition or the conclusions presented.

CHOOSE ONE BOX BELOW; FILL OUT ONLY ITEMS RELEVANT TO YOUR SITUATION:

- I, the undersigned (or an immediate family member or partner), have no actual or potential conflict of interest, financial relationship/arrangement or affiliation with any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.
- I, the undersigned (or an immediate family member or partner), have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest (NOTE: There is no need to disclose the actual financial value of any affiliation). Financial interest/arrangement is defined as being a shareholder, consultant, grant recipient, research participant, employee, and/or recipient of other financial or material support within the **past 24 months**.

| <u>Type of Affiliation/Financial Interest</u> | <u>Name of Corporate Organization(s) and Clinical Area Involved</u> |
|-----------------------------------------------|---------------------------------------------------------------------|
| Employee | |
| Grants/Research Support | |
| Consultant | |
| Speakers’ Bureau | |
| Stock Shareholder | |
| Other Financial or Material Support | |

If more space is needed, please add additional pages and provide information in the same format as requested above

Note: There is no set minimum dollar amount for relationships to be determined significant.



DISCLOSURE OF UNLABELED/UNAPPROVED USE OF DRUGS AND/OR PRODUCTS

- I do not plan to discuss any off label use
- I do intend to reference unlabeled/unapproved uses of drugs and/or products.

Specify product by name _____
 Specify unlabeled/unapproved use to be discussed _____

I have read the policy on full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest exists, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts will require the AOA to identify a replacement.

By initialize the previous page and signing this form, I agree to the Terms and Conditions and affirm, to the best of my knowledge, the accuracy of the information provided.

Signature _____

Date _____

TERMS AND CONDITIONS REGARDING COMMERCIAL SUPPORT RULES

Ineligible companies. Accreditation regulations define “ineligible companies” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Financial relationships. Financial relationships are those relationships in which the individual benefits by receiving a salary, 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 benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

Financial relationships. Accreditation focuses on financial relationships with ineligible companies in the 24-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. There is not a set minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. “Financial relationships” can be in any amount occurring within the past 24 months that create a conflict of interest.

Conflict of Interest. Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of an ineligible companies with which he/she, an immediate family member and/or partner has a financial relationship

Disclosure. Planners and Staff must complete and submit this Disclosure Statement prior to any participation in planning meetings or discussions for the activity. Speakers and Authors must complete and submit this Disclosure Statement prior to the presentation, and ensure that the Disclosure Statement is complete and truthful to the best of their knowledge. Faculty members are required to disclose any financial relationships they may have with a manufacturer of any product or class of products they discuss in an educational activity.

Fair Balance. Speakers/authors are required to prepare fair and balanced presentations that are objective and scientifically rigorous.

Unlabeled and Unapproved Uses. Presentations that provide information in whole or in part related to non-FDA approved uses for drug products and/or devices must clearly acknowledge the unlabeled indications or the investigational nature of their proposed uses to the audience. Speakers/authors who plan to discuss non-FDA approved uses for commercial products and/or devices must advise the Program of their intent.

Use of Generic versus Trade Names. Presenters should use scientific or generic names when referring to products in their lectures or enduring materials. Should it be necessary to use a trade name, then the trade names of all similar products or those within a class should be used.

Commercial Supporter Influence. Faculty members are not permitted to receive any direct remuneration or gifts from the commercial supporter(s) of this activity as it relates to this specific activity, nor should they be subject to direct input from a commercial supporter regarding the content of their presentations.

Questions? Contact CME Staff: _____, American Osteopathic Association
 Email: _____ OR Phone: _____

Return completed, signed form by deadline provided via email below:

Email to _____