

DISCLOSURE FORM

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FOR
ACTIVITY DIRECTOR, ACTIVITY COORDINATOR, PLANNERS,
SPEAKER, MODERATOR, FACULTY, AUTHORS, & CO-AUTHORS



dcma
DADE COUNTY
MEDICAL ASSOCIATION
Miami, Florida 33136
PROMOTING QUALITY
MEDICAL CARE SINCE 1903

CME activities are conducted in the public interest. Therefore, it is important to assure the public that education received by physicians is conducted with the highest integrity, scientific rigor, objectivity and absence of commercial bias. All faculty of DCMA-jointly provided activities are expected to disclose financial relationships with any ineligible companies that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients, that *has a direct bearing on the subject matter of the CME activity* in which they are involved. The intent of this form is to inform faculty members of content validation requirements and to resolve potential conflicts of interest; assuring balance, independence, objectivity and scientific rigor in all CME activities.

NAME: _____

YOUR ROLE IN THIS CME ACTIVITY (SELECT ONE OF THE ABOVE): **Activity Director**

IF YOU ARE A CO-AUTHOR, NAME OF PRIMARY AUTHOR: _____ PLEASE PRINT

TITLE OF PRESENTATION: _____

HOST ORGANIZATION: _____ **ACTIVITY DATE:** _____

Do you presently (within the past 24 months) have a financial relationship with an ineligible company which produces, markets, re-sells or distributes health care goods or services consumed by or used on patients which has a direct bearing on the subject matter of the CME activity? Yes No

If you answered yes, list the company name below next to the best description of your relationship.

FINANCIAL RELATIONSHIP

INELIGIBLE COMPANY

Commercial interests do not include government agencies or organizations which provide services directly to patients

Grant/Research Support _____

Consultant _____

Speaker's Bureau _____

Major Stock Shareholder _____

Other Financial/Material Support _____

Please print – recommendations may be delayed if company names are illegible.

How often do you speak on behalf of the above company/companies for product specific education?

- Never 1- 5 times/year > 5 times/year

How often do you receive honoraria for a CME presentation funded by the company/companies listed above?

- Never 1- 5 times/year > 5 times/year

If applicable, please complete the attestations on the following page

ATTESTATIONS

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree	Disagree		
			I have disclosed all relevant financial relationships (relevant relationships are those with companies whose products or services may have a direct bearing on the subject matter). This information will be disclosed to learners on promotional materials distributed 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.
			I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the accredited provider or joint provider.
		Speakers Only	I understand that the DCMA may need to review my presentation and/or content prior to the activity; I will provide the PowerPoint slides and resources in advance as requested.
Agree	Disagree	N/A	
			If I am involved in a live event, I understand that a CME monitor may attend the event to ensure that my presentation is educational and not promotional in nature.
			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, 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 a commercial entity or its agent as a speaker (e.g. speaker's bureau) for any ineligible company, the promotional aspects of this 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 of the funding company.

I have carefully read and considered each item on this form, and have completed it to the best of my ability.

Print Name

Signature

Date

Please email or fax this form to the organization hosting the CME activity.