



# Continuing Medical Education

## CME Disclosure of Relevant Financial Relationships and Consent of Video Recording

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Check all that apply for your role in this activity (see definition on page 2):

Course Director
  Planning Committee
  Presenter/Panelist
  Moderator
  Faculty

Title of Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

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 (e.g. Planning Committee Chair, Planning Committee members, speakers) of Lee Health provided activities are expected to disclose financial relationships with any ineligible company 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.

### Section 1: Disclosure of Financial Relationships

First, list the names of ineligible companies, (defined in the Glossary of Terms on page 2) with which **you** have, or have had, a relevant financial relationship within the past **24** months.

**DISCLOSE ONLY WHERE THE RELATIONSHIP IS RELEVANT WITH THE CONTENT OF THIS ACTIVITY**

With respect to this CME content (check one):

No, I do not have a relevant financial relationship. (Proceed to Section 2)

Yes, I do have a relevant financial relationship.

If you answered YES, list the company name below next to the best nature of your relationship. This will be reviewed by the CME Department leadership for disclosure mitigation

Financial Relationship	Ineligible Company- Ineligible companies 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	

### Section 2: Disclosure of Off-Label and/or Investigative Uses

If, at any time during my educational activity I discuss an off-label/investigative (unapproved) use of a commercial product/device, I understand that I must provide disclosure of that intent. \*\*

With respect to this presentation/demonstration (check one):

No, I do not intend to discuss an off-label/investigative use of a commercial/product/device. (Proceed to Section 3)

**Yes, I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s).**  
(Provide information below; proceed to Section 3)

Manufacturer(s)/Product(s)/Device(s): \_\_\_\_\_

**Section 3: \*\*SLIDE DECK REQUIREMENT**

If you are presenting at the CME activity, *please enter your disclosure information into your slide deck on the second slide*

The order of your slide deck should be:

**First Slide: Title Page with Author(s)/Presenter(s)**

**Second Slide: Disclosure Information for yourself**

- If you do not have a relevant financial relationship then you would simply state,
  - "I have no relevant financial relationships to disclose".
- If you do have a relevant financial relationship, you need to state the relationship and the company (not the product). Example: "I am a consultant with xxx company and I have received research grant funding from xxx."  
If you are intending on discussing a product or device that is not FDA approved for the use under discussion or if it is still under investigation you need to also put that information on slide two.
- Example: "I intend to discuss off-label/investigative uses of the following commercial product(s)/device(s):"

**Section 4: 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 a commercial interest. 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.
		I understand that Lee Memorial Health System 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 presenting at 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 have been trained or utilized by a commercial entity or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of this presentation will not be included in any way with this activity.
		If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

### Section 5: Consent to Video/Audio Recording and Reproduction

I understand that Lee Health may wish to record my presentation in either an audio-only or audio and video format. With respect to the potential recording:

- I DO agree to such recording and the terms below.
- I DO NOT agree to such recording and ask that Lee Health not make a reproducible record of my presentation

*Terms for Recording. I hereby authorize Lee Health to make, photograph, reproduce, have reproduced, or otherwise replicate, the above presentation ("Presentation"), either with video/audio tapes or other suitable reproduction equipment. I also authorize Lee Health to copy, duplicate, reproduce, have reproduced or otherwise replicate my electronically formatted presentation and supporting documents related to my presentation ("Materials") for non-commercial educational purposes. I also grant to Lee Health a non-exclusive royalty-free license to distribute copies of the Presentation and the accompanying Materials and to use the Presentation and Materials as they see fit for any lawful purpose, including in a conference setting and/or distribution via the Internet/Intranet. I am aware that such distribution may occur on the Lee Health website or other website for any lawful purpose. I understand that Lee Health is not claiming any copyright interest in the Presentation and Materials unless otherwise covered under an Agreement or employment relationship between myself and Lee Health.*

*I agree that Lee Health, its agents, employees, assigns and contractors may use my name and/or photograph for the limited purpose of promoting or advertising my replicated Presentation and Materials.*

*I have obtained permission from the original owner of all copyrighted materials used in this presentation.  Yes  No  NA*

*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

## Glossary of Terms

**Ineligible Company:** The ACCME defines a “Ineligible company” as companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or 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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Relevant financial relationships:** ACCME focuses on financial relationships with commercial interests during the 24-month period preceding the time that the individual is asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in *any* amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “‘relevant’ financial relationships” as financial relationships 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 a commercial interest with which he/she has a financial relationship.

**Planning Committee Definition:** Planners are defined as anyone who had a contributing role in the content development of the activity. Examples of planner contributions include, but are not limited to, giving suggestions or final approval and/or answering the following questions (*bullet points taken from the ACCME website regarding full disclosure*):

- What subject should we be talking about?
- What speakers should we be getting?
- What elements of this area of care or research should we be pursuing in our CME/CE activity?

### [ACCME Standards for Commercial Support.](#)

[Disclosure of Relevant Financial Relationships](#) forms for planners (Planning Committee Chair and Planning Committee) are also required along with submission of your application.

All subsequent disclosure forms are to be collected and submitted by the deadline given during the planning process.

Please email completed form or any questions to the CME Coordinator: [CME@leehealth.org](mailto:CME@leehealth.org)