# Medical University of South Carolina Office of CME Full Disclosure for CME Activities

Name of CME Activity:		
Date(s) and Location of CME Activity:		
Name:	E-mail:	
Your role in this CME activity (check all t	hat apply):	
Activity director Speaker/Pre	esenter 🗌 Planning committee 🗌 Editor/Author	Content specialist
when individuals in a position to control relationship (i.e. speaker honoraria, consultant individual and may ultimately bias the pr below serve as part of the foundation for	Commercial Support (approved September 2004), a the content of CME (or their spouses/partners) have fees, contracted research, stock/shareholder, etc) with a com resentation of that content to colleagues and particip r development of fair and balanced education:	e a relevant personal financial imercial entity that benefits the pants. These factors listed
both a financial relationship (in	any amount) with a commercial interest occurring v	within the past 12 months

and the opportunity to affect the content of CME about the products or services of that commercial interest. This disclosure form is a standardized mechanism for identification, review and analysis of relevant financial relationship(s) that may affect the independence, integrity and scientific balance of CME activities designated for credit by the Medical University of South Carolina College of Medicine.

With respect to personal **financial relationships**, "contracted research" includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

# PLEASE RESPOND TO THE QUESTIONS BELOW WITH REGARD TO THE PAST 12 MONTHS

**A.** Neither I nor any member of my immediate family has a relevant financial relationship or interest with any proprietary entity producing health care goods or services.

ПВ. I have or an immediate family member has a relevant financial relationship or interest with a proprietary entity producing health care goods or services. Please check the relationship(s). (Check all that apply):

### Please indicate the names of the organizations with which you have a relevant financial relationship or interest. and the specific clinical areas that correspond to the relationship If more than five relationships, please list on separate piece of paper:

Name of Commercial Interest	Clinical/Research Area	Type of Relationship Use Code Below
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

- A. Research Grants
- B. Speakers Bureau
- C. Partnership
- F. Employment (includes retainer)

D. Consultant G. Patent holder

- E. Stock/Ownership
- H. Advisory Committee/Board I. Others (please list)

# DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

- A. The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.
- **B.** The content of my material(s)/presentation(s) in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated:
  - 1. I understand that my responsibilities as a faculty presenter/author/editor/planner is to develop and provide the content and/or presentation that focuses on the improvement of health care for patients. \_\_\_\_ agree disagree

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- I will not promote any specific proprietary or commercial business interest as part of my role in the planning and delivery of this CME certified activity. Content for this activity will provide a well-balanced, evidence-based and unbiased approach to diagnostic and therapeutic options related to quality patient care.
- 3. I will provide the educational content and resources for independent peer review as requested by the MUSC Office of Continuing Medical Education.
  - \_\_\_\_ agree
- \_\_\_\_disagree
- I agree to identify to participants any discussion of non-FDA approved or investigational uses of products or medical devices included in my presentation/article/case/discussion.
  \_\_\_\_\_agree \_\_\_\_\_disagree

The Medical University of South Carolina Office of CME is in compliance with ACCME's content validity value statements

1. All the recommendations involving clinical medicine in a CME activity must 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.

2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Do you agree to comply with these statements? \_\_\_\_\_Yes \_\_\_\_No

### I have carefully considered each item and attest that the information is correct, to the best of my ability.

If I have indicated a relevant financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. If I have a change in my disclosure I pledge to notify you. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require the MUSC Office of CME to identify a replacement.

Signature	Date:	
RETURN BY	O: Elizabeth Gossen MUSC Office of CME 96 Jonathan Lucas Street HE 221, Suite A, MSC 754 Charleston, SC 29425 - 0754 <u>Or</u> Fax to 843-876-1931	
MUSC CME Associate Dean rev	iew Date	
MUSC CME Committee review_	Date	