

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 that apply):

- Activity director
 Speaker/Presenter
 Planning committee
 Editor/Author
 Content specialist

According to the ACCME Standards of Commercial Support (approved September 2004), a **conflict of interest** is present when individuals in a position to control the content of CME (or their spouses/partners) have a relevant personal financial relationship (i.e. speaker honoraria, consultant fees, contracted research, stock/shareholder, etc) with a commercial entity that benefits the individual and may ultimately bias the presentation of that content to colleagues and participants. These factors listed below serve as part of the foundation for development of fair and balanced education:

- both a financial relationship (in any amount) with a commercial interest occurring 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.
- B.** 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 |
| D. Consultant | E. Stock/Ownership | F. Employment (includes retainer) |
| G. Patent holder | 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

