

Annual Disclosure Form for CME Activity Participation

Name: _____

Per the ACCME's Standards for Commercial Support, any individual who refuses to disclose any relevant financial relationships with commercial interests "will be disqualified from being a planning committee member, a teacher or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the CME activity."

Please complete each of the following sections:

1. My role in this CME activity is (check all that apply):

- Activity Planning - Planning Committee, Program Director, Administrator, Staff
- Content Development - Author, Researcher
- Content Presentation – Faculty / Speaker

2. Relevant Financial Relationships: The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months. A commercial interest is defined by the ACCME as "any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients." The ACCME does not consider providers of clinical service directly to patients to be commercial interests. Please check only one of the following statements:

- Neither I nor my spouse/partner has any relevant financial relationships with any commercial interests to disclose.
- I or my spouse/partner have the following relevant financial relationship(s) to disclose:

List name(s) of Commercial Interest	List what was received (research grant, honorarium, consulting fees, salary, stock dividends, etc.) Do not list dollar amount.	List for what role (research, speaking or teaching, consulting, employment, stock ownership, etc.)?	Who's relationship is it? Check to indicate
			<input type="checkbox"/> Mine <input type="checkbox"/> My spouse/partner
			<input type="checkbox"/> Mine <input type="checkbox"/> My spouse/partner
			<input type="checkbox"/> Mine <input type="checkbox"/> My spouse/partner
			<input type="checkbox"/> Mine <input type="checkbox"/> My spouse/partner

By signing, you acknowledge this information is correct and take full responsibility of reporting any changes at your earliest convenience.

Signature _____

Date _____

Expires 5/1/18