

## Annual Disclosure Form for CME Activity Participation

The ACCME expects individuals involved with CME to disclose **ALL, relevant or otherwise**, financial relationships with [ineligible companies](#) in the **past 24 months**. The ACCME defines an ineligible company as:

*“those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.”*

*The ACCME does not consider providers of clinical service directly to patients to be ineligible companies. There is no minimum threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.*

**The accredited provider can mitigate financial relationships with ineligible companies through peer review or other mechanisms.**

**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 Reviewer  
 Content Presentation – Faculty / Speaker

2. Please check only one of the following statements:

I do not have (or have not had) any financial relationships with ineligible companies in the previous 24 months.

I have the following financial relationship(s) to disclose:

List name(s) of <b>ALL Ineligible Company(ies)</b> with whom you have a financial relationship in the previous <b>24 months</b>	Enter the Nature of the Financial Relationship: e.g., employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest.  <b>Diversified mutual funds do not need to be disclosed;</b> Individual stocks and stock options should be disclosed.  Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.	Has the Relationship Ended? If the financial relationship existed during the last 24 months but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

(Expires in One Year)