

# ANNUAL DISCLOSURE FORM

CME Activity Participation | ACCME-Required Financial Disclosure

## SECTION 1 — PARTICIPANT INFORMATION

Full Name (Print)

Institution / Organization

Specialty

## SECTION 2 — ROLE IN THIS CME ACTIVITY (check all that apply)

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

## SECTION 3 — ACCME DISCLOSURE REQUIREMENT

Disclose ALL financial relationships with **ineligible companies** in the past 24 months — regardless of amount or relevance to the CME content.

**Ineligible company:** Any company primarily producing, marketing, selling, or distributing healthcare products used on patients. Direct clinical service providers are NOT ineligible.

**Examples:** employee, consultant, advisor, speaker, researcher, independent contractor, royalties/patent beneficiary, executive role, ownership interest (individual stocks/options — not diversified mutual funds). Research funding must be disclosed by the PI even if the institution manages the grant.

## SECTION 4 — FINANCIAL RELATIONSHIPS (select one)

- I do NOT have, and have not had, any financial relationships with ineligible companies in the previous 24 months.  
*No further information required — proceed to signature.*
- I have the following financial relationships to disclose:  
*Complete the table below.*

Ineligible Company Name	Nature of Financial Relationship (e.g., consultant, speaker, researcher, advisor, royalties, ownership interest)	Ended?

*Attach additional sheet if needed.*

## SECTION 5 — CERTIFICATION AND SIGNATURE

By signing, I certify that: (1) the information above is complete and accurate; (2) I will promptly notify the CME provider of any changes prior to the activity; and (3) I understand the provider may take mitigation steps based on disclosed relationships.

Signature

Date Signed

This form expires one (1) year from the date of execution.