

Case 3: Dratted Disclosure

Review the COI Disclosure Form template. Identify one compliance issue to move on to the next case.

Conflict of Interest Disclosure Form Instructors, Planners, Faculty and Managers of CME Activity

Purpose: The information you provide addresses requirements of the Accreditation Council for Continuing Medical Education (ACCME) to help ensure independence in CME activities. Everyone in a position to control the content of a CME activity must disclose all relevant financial relationships with commercial interests to the CME provider. CME providers must resolve current conflicts of interest and disclose any conflicts to participants prior to the beginning of the activity.

Name of Individual			
Month/Year			
Activity Role	<input type="checkbox"/> Speaker/Faculty	<input type="checkbox"/> Planner/Manager	<input type="checkbox"/> Reviewer

Disclosure: Regarding my role in this CME activity (check one):

- No, I have no relevant personal financial relationship(s).
- Yes, I have relevant personal financial relationship(s) and will control educational content about the products of the commercial interest. (Provide information below.)

Nature of Financial Relationship	Name of Company(s)	Self	Spouse or Partner
Consultant/Independent Contractor		<input type="checkbox"/>	<input type="checkbox"/>
Grant/Research Support		<input type="checkbox"/>	<input type="checkbox"/>
Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
Stock Shareholder		<input type="checkbox"/>	<input type="checkbox"/>
Other/Royalty (Describe):		<input type="checkbox"/>	<input type="checkbox"/>

Resolving Conflict of Interest

Should a relevant COI be disclosed, a series of steps will be implemented to resolve the conflict and identify what, if any, action is necessary. The external review of content will identify potential bias and ensure content is aligned with interests of the learner. Only when the conflict is resolved may the individual participate in the implementation of the activity.

Signatures & Approvals

I attest this disclosure is correct and complete and will notify you of any updates/changes to the status of this information during the next 12 months.

Signature:

Date: