

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

Your Name: Click or tap here to enter text.

Your Role(s) in the CME/CE Activity: Planner Faculty/Author Moderator Content Reviewer

Name of Activity: Click or tap here to enter text.

Date of Activity (or launch date, if enduring material): Click or tap to enter a date.

**INSTRUCTIONS:**

1. List the names of commercial interests (as defined in the *Glossary of Terms* on page 2) with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose, we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.
2. Describe what you or your spouse/partner received [for example, salary/employment/ownership, speaking fee, consulting fee, stock ownership other than mutual funds, research grant (only if received as the Principal Investigator), etc.]. Main Line Health does NOT want to know how much you received.
3. Describe your role:

|  |  |  |
| --- | --- | --- |
| **Name of Commercial Interest** | **Nature of Relevant Financial Relationship**  **(include all those that apply)** | |
| **What was received?** | **For what role?** |
| *Example: Company ‘X’* | *Example: Speaker Fee* | *Example: Promotional Speaker* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**I do not have any relevant financial relationships with any commercial interests.**

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

|  |  |
| --- | --- |
| **Example Terminology** | |
| **What was received:**  Salary, royalty, intellectual property rights, research grant (but if a PI), non-CME/CE (promotional) consulting or speaker fee, ownership interest (e.g., stocks, stock options or other ownership interest, excluding mutual funds), or other financial benefit. | **Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership or advisory committees or review panels, board membership, and other activities (please specify). |

Attestation of CME/CE Value Statements

Please indicate your understanding of and willingness to comply with each statement below. If any statements do not apply to your participation in this activity, please select "N/A." If you require clarification of these statements or have questions regarding your ability to comply, please contact the CME/CE Office immediately.

|  |  |  |  |
| --- | --- | --- | --- |
| **Agree** | **Disagree** | **N/A** | **Value Statement** |
|  |  |  | I have disclosed all relevant financial relationships and I will disclose this information to learners. |
|  |  |  | The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased. |
|  |  |  | I have not and will not accept any honoraria, additional payments or reimbursements directly from a commercial interest for my participation in this activity. |
|  |  |  | I understand that Main Line Health may need to review my presentation and/or content prior to this activity, and I will provide educational content and resources in advance as requested. |
|  |  |  | If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis. |
|  |  |  | If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. |
|  |  |  | If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA. |
|  |  |  | If I have been trained or utilized by a commercial interest or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. |
|  |  |  | If I am presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principals and methods and will not promote the commercial interest of the funding company. |

Glossary of Terms

**Commercial Interest**

The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. For more information, visit [www.accme.org](http://www.accme.org).

**Financial Relationships**

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Relevant Financial Relationships**

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**Conflict of Interest**

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

To submit this disclosure form, please attach it to an email addressed to Patricia Levy, CME Manager for Main Line Health at [levyp@mlhs.org](mailto:levyp@mlhs.org).