



DISCLOSURE OF RELATIONSHIPS AND DECLARATION FORM

Must be completed by all persons involved in CME activities. Refusal to Disclose Prohibits Participation

Print Name:	Degree
Email:	Phone:
Institutional Affiliation/Employer:	
Title of CME Activity:	
(i.e. Medicine grand rounds/Surgery M&M/Conference: Faculty Development Day)	Activity Date:
Your Presentation Title(s)/Topic(s)	
Your role in the CME Activity <input type="checkbox"/> Presenter <input type="checkbox"/> Author <input type="checkbox"/> Planning Committee <input type="checkbox"/> Moderator <input type="checkbox"/> Activity Director	

The Identification and Resolution of Conflicts of Interest in Continuing Medical Education

It is the policy of Drexel University College of Medicine (DUCOM) to ensure balance, independence, objectivity, and scientific rigor in all DUCOM provided or jointly provided educational activities. All individuals involved in the planning and/or delivery of a DUCOM provided or jointly provided CME activity are required to disclose to DUCOM and the audience, any relevant commercial interest or other relationship within 12 months prior to the educational activity, for yourself or your spouse/partner with a commercial interest (which is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients). The information will be reviewed by DUCOM. Relationships will be reported to the audience. If a relationship is judged a conflict which can not be resolved, your ability to participate in the activity will be limited.

I. DISCLOSURE

Have you or your spouse/partner had a relevant financial or other relationship with a commercial interest (which is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) within 12 months prior to the educational activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
As a planner/presenter/moderator/author for DUCOM's CME activities, will you use slides/materials provided by a commercial interest?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will your topic involve information or data obtained from a commercially sponsored speaker training activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If YES to any question, complete all sections; If NO, go to Declaration, Section IV

II. COMMERCIAL INTEREST	NATURE OF RELATIONSHIP WITH COMMERCIAL INTERESTS
Name of Company	Employee, research grant, speaker's bureau, consultant, major stock holder, independent contractor, royalty recipient, honorarium recipient, advisory committees, review panels or other activities for which remuneration is received or expected. (list)
1.	
2.	
3.	
4.	

III. RESOLUTION OF CONFLICT OF INTEREST

Planners/Presenters/Authors/Moderators acknowledge that the following changes are required to resolve conflicts of interest

- Change my presentation to eliminate relevance to health care goods or services of my commercial interest
- Select a co-presenter to control the segment of the presentation in question
- Change my role to one that precludes me from making clinical recommendations
- Support my presentation and clinical recommendations with the "best available evidence" from the medical literature.
- Refrain from recommending health care goods or services produced by entities with which you have a commercial relationship
- Divest myself of my relationship with the commercial interest
- Recommend an alternative presenter for this topic for the planning committee's consideration
- Other

Planners/Activity Directors

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias
- I will recuse myself from planning activity content in which I have a conflict of interest

IV. DECLARATION

I will abide by the ACCME standards to ensure balance, independence, objectivity and academic rigor in my role in the planning, development, or presentation of this CME activity. I agree to comply with the requirements, disclose the off label or investigational status of drugs referenced during my presentation, and agree to comply with the requirements to protect health information under the HIPPA Act. In addition, I agree to obtain the necessary copyright permission(s) if any materials used during the activity are not my original work or for which I do not hold the copyright.

Signature _____ Date _____

Additional information may be requested in order to resolve any conflicts of interest. All identified conflicts will be resolved and disclosed to the audience.