|  |  |
| --- | --- |
| Activity        | Enter Date of Talk at Time of Talk |
| Title of Talk       | Your Role   |

|  |  |  |  |
| --- | --- | --- | --- |
| Name (list credentials) |       | Email |       |
| Employer |       | Phone/Cell |       |
| Co-authors |       | Co-authors email |       |

As a prospective planner or faculty member, we request your assistance in safeguarding our learning environment from industry influence by providing full disclosure of potential conflicts of interest, as mandated by the ACCME Standards for Integrity and Independence; please note that individuals who decline to provide this information cannot participate in planning or implementing accredited continuing education activities, and we greatly appreciate your cooperation in upholding these important standards.

***To be Completed by Planner, Faculty, or Others Who May Contribute or Control Educational Content***

Please disclose all financial relationships you have had in the past 24 months with ineligible companies, regardless of the amount or potential relevance to the education, including the name of each company and the nature of each relationship; an ineligible company is defined as any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**1. Disclosure** (Refusal to provide an accurate disclosure will result denial to participate in the planning, implementation, or evaluation of a CME activity.)

In the past 24 months I (select one) [ ] have had or [ ] have not had financial relationships with an [ineligible company](https://www.accme.org/faq/what-accmes-definition-ineligible-company).

|  |  |  |
| --- | --- | --- |
| **[Name of Ineligible Company](https://www.accme.org/faq/what-accmes-definition-ineligible-company)**(Ineligible company is any entity whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients. Examples may be found using this link [accme.org/standards](https://www.accme.org/faq/what-accmes-definition-ineligible-company).) | **[Nature of Financial Relationship](https://www.accme.org/search?search_api_fulltext=nature+of+financial+relationship)**(Examples of financial relationships: employee, researcher, consultant, advisor, speaker, independent contractor, royalties or patent beneficiary, executive role, ownership interest, stock, or 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 relationship ended?**(If the financial relationship existed during the last 24 months, but has now ended, please check the box.) |
|       |       | [ ] No [ ] N/A [ ] Yes  |

**2.** **Mitigate Potential Conflict(s) of Interest** [ACCME Standards for Integrity and Independence](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce)

[ ]  I have read and agree to all of the following statements. Failure to comply may result in withdrawal of credit.

1. I will present a balanced view of therapeutic options, including diverse trade names when applicable.

2. I will use a range of credible sources to provide evidence-based information.

3. I will address potential risks and adverse effects associated with any clinical recommendations.

4. I will not endorse specific products or companies.

5. I will submit my presentation for peer review and incorporate suggested changes.

6. I will only accept compensation from the USA Office of Continuing Medical Education (CME).

7. I will not promote/sell products/services that serve my professional/financial interests in connection with this activity.

8. I understand that using logos, product names, or promotional messages in my presentation is prohibited.

**3.** **Attestation and Signature**

[ ]  I, the undersigned, hereby attest that the information provided is accurate to the best of my knowledge. By signing this document, I agree to comply with all policies and regulations outlined herein and those established by the University of South Alabama Office of Continuing Medical Education (USA OCME).

|  |
| --- |
|  |
|  |

Signature  Date

A $75 expedite fee will be applied if the Disclosure Objective Form and slides are received less than 10 business days before a conference start date, or less than 5 business days before a grand rounds talk. To ensure compliance and avoid fees, please collaborate closely with the Office of Continuing Medical Education (CME) well in advance of these deadlines.