

Maine Medical Center Joint Accreditation Conflict of Interest

Title of Educational Activity:

Educational Activity Date:

Role in Educational Activity: (Check all that apply)

- Activity Planner
- Content Expert
- Faculty/Presenter/Author
- Content Reviewer
- Planning Committee Member
- Other – Describe:

Section 1: Demographic Data

Name with Credentials/Degrees:

If RN, Nursing Degree(s):

Address:

Phone Number:

Email Address:

Current Employer and Position/Title:

Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Planner/s is/are responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Planner for the educational activity.

****Commercial interest***, A commercial interest, as defined by the ACCME, ACPE, and ANCC is any entity producing, marketing, selling, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME, ACPE, and ANCC do not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for joint accreditation.

The ACCME, ACPE, and ANCC require anyone in control of continuing education (CE) content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner.

The ACCME, ACPE, and ANCC define “relevant financial relationships” as financial relationships in any amount that create a conflict of interest and that occurred in the 12-month period preceding the time that the individual was asked to assume a role controlling content of the CE activity. The ACCME, ACPE, and ANCC have not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship.

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers’ bureau, 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. See also Conflict of Interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

✓ all that apply	Category	Description
	Salary	
	Royalty	
	Intellectual Property	
	Consulting	
	Honoraria	
	Ownership Rights	
	Other	

For Faculty/Presenter/Author only:

I will not discuss off label use of medications.

OR

I will be presenting information on off-label use of medications that conforms to generally accepted standards.

OR

I will be informing learners about approaches to diagnosis or treatment that are controversial or not generally accepted.

But, I will NOT advocate for these approaches or teach healthcare professional how or when to use them.

* *All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing education activity.

Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name and Credentials (Required)

Date

Section 4: Conflict Resolution (to be completed by Activity Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Activity Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Activity Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe:

Planners Signature

Completion of the line below serves as the electronic signature of the Planner reviewing the content of this Biographical/Conflict of Interest Form.

Typed or Electronic Signature: Name and Credentials (Required)

Date