

Joint Accreditation Conflict of Interest Form

Information You Need to Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

Why We Ask:

As an accredited provider, we require your assistance to comply with accreditation guidelines and help us create high-quality Accredited Continuing Education (ACE) that is independent of industry influence. To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this ACE activity must disclose all financial relationships with all companies - whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients - over the past 24 months.

What to Disclose:

- There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, **not** those of your spouse or life partner.
- We ask you to disclose all financial relationships regardless of whether or not you view the relationships as relevant to the ACE activity. Staff will determine if the information that you provide is relevant to the topics of the ACE activity in which you will participate.
- Since healthcare professionals serve as the trusted authorities when advising patients, they must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.
- If the staff determine that the financial relationships create a conflict of interest, the staff will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, etc.).
- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

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Title of Educational Activity:

Educational Activity Date:

Section 1: Demographic Data

Name with Credentials/Degree:

Business Address:

Phone Number:

Business Email Address:

Current Employer and Position/Title:

Section 2: Conflict of Interest Information

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Required fields are indicated with an asterisk (*) and must be completed, the form cannot be submitted without an answer.

Within the past 24 months, have you received financial support (in any amount) from an ineligible company (including employment, consulting, research grant support, honoraria, etc.)?

Yes. In the past 24 months, I have an existing and/or have had a financial relationship with an ineligible company (list these relationships below).

No. In the past 24 months, I have not had a financial relationship with an ineligible company.

Nature of Financial Relationship	Name of Ineligible Company	Relationship Ended?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

If 'Other Relevant Financial or Material Interest' please specify:

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Section 3: Attestation

I have disclosed all relevant financial relationships and I will disclose this information to learners.

Yes No

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.

Yes No

I understand that my presentation/content may need to be reviewed prior to an activity, and I will provide educational content and resources in advance as requested.

Yes No

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.

Yes No

I attest that the above information is correct as of this date of submission

Signature

Date