



Office of Continuing Medical Education
Disclosure of Relevant Financial Relationships Form

Name and Degree (or credentials):
CME Activity Name:
Commercial Supporters (if applicable):
Presentation Title (if applicable):
Select Role: Speaker/author, Course Director, Planning committee, Moderator/Panelist, Reviewer

CRITERIA FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS WITH COMMERCIAL INTERESTS IN CONTINUING EDUCATION (CME/CE)

- 1. Instructors, planners, content reviewers and managers who affect the content of a CME/CE activity are required to disclose financial relationships they have with commercial interests (i.e., any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) associated with this activity.
2. Disclose financial relationships with a commercial interest relevant to the activity.
3. You are to disclose financial relationships that fit #2 above in any amount that has been received over the past 12 months ONLY.
4. Financial relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition do not have to be disclosed.
5. Honoraria received, or consulting funds, from a CE provider, even though those funds may have been provided to that CE provider through an educational grant from a commercial interest, do not have to be disclosed.
6. If you are a principal investigator for a drug study, you must report that research relationship below under "contracted research" even if those funds came to an institution.
7. If your spouse or life partner has a relevant financial relationship with an applicable manufacturer (e.g., is employed as the VP-Marketing), or provides marketing advice to applicable commercial interest as a consultant, you must include that disclosure in the table below.
8. In accordance with ACCME, ANCC and ACPE requirements, failure to provide disclosure information in a timely manner will result in the disqualification of the potential speaker, author, course director, planner, moderator, panelist or reviewer from this activity.

PART I: NATURE OF RELEVANT FINANCIAL RELATIONSHIPS

Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship, with a commercial interest?

- No. Skip to Part II.
Yes. I or my spouse/life partner have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below.

Table with 2 columns: Type of Financial Relationship (WITHIN THE PAST 12 MONTHS ONLY) and Indicate Applicable Commercial Interest (WITHIN THE PAST 12 MONTHS ONLY). Rows include Salary, Royalty, Receipt of Intellectual Property Rights/Patent Holder, Consulting Fee, Speakers Bureau, Fees for Non-CME Services Received Directly from Commercial Interest or their Agents, Contracted Research, Ownership Interest, and Other (please describe).

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation? No Yes

## PART II: ATTESTATION OF CME 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 Office immediately.

Agree	Disagree	N/A	Value Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed all relevant financial relationships and I will disclose this information to learners.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for <u>this</u> activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria, additional payments or reimbursements directly from a commercial entity for my participation in <u>this</u> activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that Cedars-Sinai may need to review my presentation and/or content prior to <u>this</u> activity, and I will provide educational content and resources in advance as requested.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing any product use that is off label, I will disclose that the use of indication in question is not currently approved by the FDA for labeling or advertising.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial entity 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 <u>this</u> activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will, when applicable, incorporate linguistic and/or cultural competency issues relevant to the topic of my presentation. These may include direct communication in the patient-client primary language; understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care; and awareness of how the health care providers and patients attitudes, values, and beliefs influence and impact professional and patient relations. (California Assembly Bill Number 1195)

**My signature (or typed name for e-filing) below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information that will be shared with the participants prior to the CME activity.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_