

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

It is the policy of the Central Illinois Neuroscience Foundation Continuing Medical Education program to insure balance, independence, objectivity and scientific rigor in all CME activities. CME content will be evidence based and free of commercial bias. Anyone engaged in content development, planning or presentation must complete this form. Persons who fail to complete this form may not participate in the CME activity. All identified conflicts of interest will be resolved and disclosure will be made to the audience.

CME Activity Title	
Date	
Your role in this CME activity	<input type="checkbox"/> Presenter <input type="checkbox"/> Author <input type="checkbox"/> Course Director <input type="checkbox"/> Moderator <input type="checkbox"/> Panel Member <input type="checkbox"/> Planner <input type="checkbox"/> Content Review

DISCLOSURE OF FINANCIAL RELATIONSHIPS RELEVANT TO THIS ACTIVITY

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. **When there is both a financial relationship with a commercial interest and the ability to affect CME content, it is considered to be a relevant financial relationship and the conflict of interest must be resolved prior to approval of the activity.**

Have you (or your spouse/partner) had a financial relationship with a commercial interest in the last 12 months?

- ☐ NO Skip to Declaration & Attestation section
☐ YES Please list your disclosures and relationships below

COMMERCIAL INTEREST	LIST THE NATURE OF RELEVANT FINANCIAL RELATIONSHIP	
	What was received?	For what role?
<i>Example: Company "X"</i>	<i>Honorarium</i>	<i>Speaker</i>

Example Terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Recipient of grants/research support, honorarium, royalty; employee, consultant, speakers' bureau, board member, advisor or review panel member; independent contractor, stock shareholder (excluding mutual funds); holder of intellectual property rights, or other (please specify)

DECLARATION & ATTESTATION

I will uphold academic standards to insure balance, independence, objectivity and scientific rigor in my role in the planning, development or presentation of this CME activity. All recommendations involving clinical medicine will be based on the best available evidence that is accepted within the medical profession. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPPA). I will also clearly identify any unlabeled and/or investigational application of treatments and uses of drugs or products.

Please print name: _____

Signature: _____

Date: _____

Failure to disclose relevant financial interests or relationships or false disclosure will require the CINF to identify a replacement for your participation. Additional information may be requested to resolve conflicts of interest. Disclosure will be made to participants prior to the activity.

For Office Use Only:

RESOLUTION OF CONFLICT OF INTEREST– Indicate how conflict of interest will be resolved and verified

Presenters, Authors, Course Directors, Moderators and Panel Members (check all that apply):

- ☐ Faculty will refrain from making recommendations regarding products or services, e.g., limit talk to pathophysiology, diagnosis, and/or research findings.
☐ Faculty will support lecture and clinical recommendations with the "best available evidence" from the medical literature.
☐ CME Unit will identify an alternative speaker for this topic for the planning committee's consideration.
☐ Faculty will submit presentation in advance to allow for adequate peer review.
☐ Faculty will be asked to divest himself/herself of this financial relationship.

Planning Committee Members, Meeting Coordinators:

- ☐ Member/coordinator will refrain from planning activity content in which a conflict of interest is identified.
☐ Speakers and content suggested is independently verified by way of second form of need/gap analysis.
☐ Speakers and content provided by an expert must be agreed to by the Planning Committee.

Conflict of Interest Verification & Resolution Documentation:

- ☐ Correspondence with faculty or planner (ex: email)
☐ Clinical Content Review & Validation Form
☐ Note to file re: phone call or conversation
☐ CME meeting minutes
☐ No conflict of interest identified (no attachments required)

Reviewed: _____