

## 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

*Conflict exists when you have a financial interest or affiliation with a company and the opportunity to affect the CME content about that company's product or serve as related to your presentation(s) at this activity.*

Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with the manufacturer of the products or services *that will be discussed in this CME activity*?

- ☐ NO    Skip to Declaration & Attestation section  
☐ YES    Please list your disclosures and resolutions 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):* Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities' (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.**

#### For Office Use Only:

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

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

- ☐ Faculty will support lecture and clinical recommendations with the "best available evidence" from the medical literature.  
☐ Faculty will refrain from making recommendations regarding products or services, e.g., limit talk to pathophysiology, diagnosis, and/or research findings.  
☐ 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:

- ☐ Speakers and content suggested is independent of commercial bias or influence.  
☐ Member/coordinator will refrain from planning activity content in which a conflict of interest is identified.

*Additional information may be requested from the speaker or planner to resolve conflict of interest. Disclosure will be made to participants prior to the educational activity.*