



Center for Continuing Medical Education
5841 S. Maryland Ave. MC1137
Chicago, Illinois 60637
Phone: 773-702-1056 • Fax: 773-702-1736
cme@bsd.uchicago.edu
<http://cme.uchicago.edu>

Disclosure of All Financial Relationships for Live Activities (New Standards Update Template)

*** Please complete the following:**

First Name:

Middle Initial:

Last Name:

Degree:

Email Address:

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The University of Chicago Pritzker School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) and is responsible for the overall planning of the activity. As an accredited provider, the University of Chicago Center for Continuing Medical Education requires that speakers/faculty comply with the ACCME Criteria, Policies, and Standards for Integrity and Independence in Accredited Continuing Education.

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete this form to help us meet this requirement.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at cme@bsd.uchicago.edu.

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

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. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies, visit accme.org/standards.

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

* Acknowledgment

☐ I acknowledge I have read and understand the guidelines above.

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* In the past **24 months**, have you had **any** financial relationships with any ineligible companies?

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

☐ Yes

☐ No

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Enter the Name of Ineligible Company

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies, visit accme.org/standards.

Enter the Nature of Financial Relationship

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Has the Relationship Ended?

If the financial relationship existed during the last 24 months, but has now ended, please check the box. This will help the education staff determine if any mitigation steps need to be taken.

Financial Relationship #1

Ineligible Company Name #1

Nature of Financial Relationship #1

If the financial relationship existed during the last 24 months, but has now ended, please check this box.

☐ Relationship ended

Financial Relationship #2

Ineligible Company Name #2

Nature of Financial Relationship #2

If the financial relationship existed during the last 24 months, but has now ended, please check this box.

☐ Relationship ended

Financial Relationship #3

Ineligible Company Name #3

Nature of Financial Relationship #3

If the financial relationship existed during the last 24 months, but has now ended, please check this box.

☐ Relationship ended

Financial Relationship #4

Ineligible Company Name #4

Nature of Financial Relationship #4

If the financial relationship existed during the last 24 months, but has now ended, please check this box.

☐ Relationship ended

Financial Relationship #5

Ineligible Company Name #5

Nature of Financial Relationship #5

If the financial relationship existed during the last 24 months, but has now ended, please check this box.

☐ Relationship ended

Financial Relationship #6

Ineligible Company Name #6

Nature of Financial Relationship #6

If the financial relationship existed during the last 24 months, but has now ended, please check this box.

☐ Relationship ended

If you have more than 6 financial relationships that existed during the last 24 months, please list the company name and the nature of the relationship. If it has now ended, please indicate this as well.

You may also submit additional financial relationships to cme@bsd.uchicago.edu.

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Content Validation

The Standards for Integrity and Independence in Accredited Continuing Education require that your content be free of commercial bias, that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community, and that any therapeutic recommendations carry a high weight of evidence. All materials should be supported by appropriate citations to allow validation of data presented and to allow the learners to further evaluate the data on their own.

The University of Chicago expects that all of its accredited continuing education will adhere to the ACCME's content validation value statements. Specifically, all recommendations involving clinical medicine in accredited continuing education must be based on evidence that is accepted within the medical profession as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in accredited continuing education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis. We will contact you with any questions about educational content. When discussing therapeutic options, it is our preference that you use only generic names. If the educational material or content includes trade names, where available, trade names from several companies should be used, not just trade names from a single company. Further, should your presentation include discussion of any unapproved/investigational use of commercial product, you are required to disclose this to the participants.

Do you plan to discuss the investigational/unapproved use of a commercial product?

☐ Yes

☐ No

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Please provide additional information regarding the unapproved/investigational use that you will discuss during your presentation(s):

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Faculty Responsibilities

Your responsibilities will include working within the stated timelines to submit the required documentation including your disclosure and a copy of your planned presentation or content for review (draft is acceptable) that has the disclosure slide present (if applicable). Only authorized University of Chicago Center for Continuing Medical Education staff are permitted access to submitted educational content and are required to keep this information confidential as a condition of their employment.

You must also disclose all relevant financial relationships as determined by the accredited provider at beginning of your presentation.

*** Please indicate your understanding of and willingness to comply with each statement below.**

| | Agree | Disagree |
|--|-----------------------|-----------------------|
| I have disclosed to the University of Chicago all ineligible companies I have, or have had, a financial relationship with within the past 24 months. I understand that this information will be disclosed to activity participants. I also agree to disclose this information verbally at the start of my presentation. | <input type="radio"/> | <input type="radio"/> |
| If there are any changes to my financial relationships with ineligible companies before this activity ends, I will inform the CME office at cme@bsd.uchicago.edu . | <input type="radio"/> | <input type="radio"/> |
| All recommendations for patient care will be based on current science, evidence, and clinical reasoning while giving a fair and balanced view of diagnostic and therapeutic options. I will not actively promote or sell products or services that serve my professional or financial interests. | <input type="radio"/> | <input type="radio"/> |
| The content of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest. Content, including any therapeutic options, will be fair, balanced, evidence-based, and unbiased. | <input type="radio"/> | <input type="radio"/> |
| For this activity, I have not and will not accept any honoraria, payments, or reimbursements beyond that which has been agreed upon directly with the activity organizers, including but not limited to ineligible entities. | <input type="radio"/> | <input type="radio"/> |
| I understand that the University of Chicago requires my presentation and/or content before the activity, and I will provide educational content and resources in advance as requested, if applicable. | <input type="radio"/> | <input type="radio"/> |
| All scientific research referred to, reported, or used to support or justify a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation. If I make recommendations based on my clinical practice or experience, I will disclose this as the level of evidence (i.e., expert opinion, source of data), as well as provide the best available data. I will not express a personal or professional preference for any products or services. | <input type="radio"/> | <input type="radio"/> |
| If I discuss specific healthcare products or services, I will use generic names to the extent possible. If I need to use a trade name, I will use trade names from several companies when available and not just trade names from any single company. | <input type="radio"/> | <input type="radio"/> |
| If I discuss any off-label product use, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising. | <input type="radio"/> | <input type="radio"/> |
| Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas must be clearly identified within the program and individual presentations. I will not advocate or promote practices that are not, or are not yet, adequately based on current science, evidence, and clinical reasoning. | <input type="radio"/> | <input type="radio"/> |
| I will not advocate for unscientific approaches to diagnosis or therapy or promote recommendations, treatment, or manners of practicing healthcare determined to have risks or dangers that outweigh the benefits or are known to be ineffective. | <input type="radio"/> | <input type="radio"/> |
| If I have been trained or used by an ineligible company or its agent as a speaker for any ineligible company, the promotional aspects of that presentation will not be included in any accredited education. | <input type="radio"/> | <input type="radio"/> |
| If I present research funded by an ineligible company, the information will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company. | <input type="radio"/> | <input type="radio"/> |



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* I have carefully read and considered each item on this form and it has been completed to the best of my ability.

By typing your name you understand and agree that electronic signatures are acceptable and binding.

Signature

If you have any questions regarding your ability to comply, please contact the Center for Continuing Medical Education at The University of Chicago by e-mail at cme@bsd.uchicago.edu or by phone at (773) 702-1056 as soon as possible.

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Done