

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

As a jointly accredited provider of continuing education, the IHS Clinical Support Center (CSC) must ensure balance, independence, objectivity, and scientific rigor in all its certified educational activities. As such, the course directors/coordinators, planning committee members, faculty/speakers, content experts/reviewers and all individuals in a position to control the content of an educational activity must make full disclosure indicating whether they and their respective spouse/partner, have had any relevant financial relationships with commercial interests within the last 12 months. A commercial interest is *any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.*

In order to ensure CE activities promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest, CSC will identify and resolve all conflicts of interest and inform the learners of all such relationships prior to the start of the activity. Individuals who do not provide the requested disclosure information will be disqualified from participating in the development, management, presentation, or evaluation of a CE activity.

DEFINITIONS:

- **Relevant financial relationships** are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CE activity, and which relate to the content of the educational activity, causing a conflict of interest.
- **Conflict of interest** can exist when somebody is in control of education content incorporating information about products or services of a commercial interest with which he/she/spouse/partner has a financial relationship.
- **Financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. This includes financial relationships of your spouse or partner.
- **Control in planning or presenting educational content** exists when somebody has influence in the process of needs assessment, faculty selection, curriculum development, or evaluation of an educational activity.

Your Presentation/Activity Title: _____ CSC File # _____

Your Name & Credentials: _____

Your Role In this Activity: Planner Faculty/Speaker/Author Content Expert/Target Audience Content Reviewer

► **Do you or your spouse/partner/immediate family member have any relevant financial relationships with commercial interests** (*entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients*) **in any amount within the past 12 months?**

No Yes - if Yes, please explain the nature below:

Nature of Affiliation/Financial Interest

Please name the company(ies) and describe each specific commercial/financial relationship(s) for you and/or your spouse/partner:

Consultant

Speakers Bureau

Major Stock Shareholder

Grant/Research Support

Other Financial or Material Interest
(i.e., royalty, honoraria)

► **Disclosure of Off-Label and/or Investigational Uses**

I will verbally identify or display on handouts or visual aids any "off label" or investigational uses described for any medications discussed. Further, when discussing specific medications, I will use generic names, and/or if I mention trade names, I will mention the trade names of similar products from all manufacturers.

► By typing or signing my name below, I hereby attest that the information provided in this document is legitimate and true to the best of my knowledge.

Signature: _____ **Date:** _____

CE Coordinator: Information from this form was disclosed in the pre-publicity and/or final course materials.

CSC Review By/Date: _____

BIOGRAPHICAL SKETCH

NAME & CREDENTIALS: _____

PRESENT POSITION/JOB TITLE: _____

FACILITY/ORGANIZATION: _____

FACILITY ADDRESS: _____

CONTACT INFORMATION: _____
Business Telephone Number Email Address

EDUCATION: (Include basic preparation through highest degree held)

DEGREE (MD, BSN, etc.)	INSTITUTION (Name/City/State)	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED
1.			
2.			
3.			

BIOGRAPHICAL SKETCH

In 3-4 sentences, suitable for an introduction, briefly explain how your professional education and experience qualify you for your role as a presenter or activity planner:

References:

ACCME Standards of Commercial Support <http://www.accme.org/ask-accme/what-difference-between-significant-financial-relationships-and-relevant-financial>

ANCC Content Integrity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>