

**RETURN COMPLETED PACKET TO:**

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ACCREDITED CONTINUING EDUCATION

# Conflict of Interest Disclosure Form

Activity Number \_\_\_\_\_ Activity Title \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_ Presentation Title \_\_\_\_\_

## SPEAKER/PLANNER INFORMATION

Name (including credentials) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please provide name as it appears in your CV or resumé. mm/dd

Current Position \_\_\_\_\_  
Please include your **job title** (position or rank), **employer name** (affiliation), and **location** (city/state) of employment **exactly as you would like them to appear on the web page and agenda.**

**Please indicate your role in this activity:** (Check all that apply)

- Planning Committee (Involved in control of content during planning)
- Faculty (Speaker/Presenter/Author/Panelist/Moderator)
- Peer Reviewer
- Medical Writer
- Patient
- Other \_\_\_\_\_

## CONTACT INFORMATION

Home  Business

Mailing Address \_\_\_\_\_ Telephone/Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ Twitter \_\_\_\_\_

## ALTERNATE CONTACT

Name \_\_\_\_\_ Telephone/Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

## EDUCATION/EXPERIENCE

Attached is a copy of my **current CV/resumé (updated within the past year)**

**OR**

Use the space below to briefly describe your professional and clinical experience related to this activity

Institution (Name, City, State)	Degree Earned	Major Area of Study

**Work Experience** (including research, publications, presentations, awards, honors, and other professional achievements) related to this accredited continuing education activity.

## CONFLICT OF INTEREST DISCLOSURE INFORMATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. All faculty, planners and others in a position to control continuing education content participating in an accredited continuing education activity are required to disclose all financial relationships with ineligible companies. Ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

Please **disclose all financial relationships** that you have had in the **past 24 months** with ineligible companies **regardless of the potential relevance** of each relationship to the education. 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.

Failure or refusal to disclose will prohibit you from presenting and/or participating in the planning of this activity.

Enter the Name of the Ineligible Company (Within past 24 months)	Enter the Nature of Financial Relationship	Has the Relationship Ended?
<p>An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</p> <p>These relationships must not be allowed to influence accredited continuing education.</p> <p>For specific examples of ineligible companies visit <a href="http://accme.org/standards">accme.org/standards</a></p>	<p>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 principle or named investigator even if that individual's institution receives the research grant and manages the fund.</p>	<p>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</p>
<b>Please provide an attachment if your financial relationships exceed space below.</b>		
Example: <i>ABC Company</i>	<i>Consultant</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

In the past 24 months, I have not had any financial relationships with any ineligible companies.

### OFF-LABEL USE

Will you be discussing any off-label, experimental, or investigational use of drugs or devices in your presentation?

No

Yes ➔ In the table below, please provide any information regarding drugs/devices to be presented in this activity that are outside US FDA approved labeling.

Drug/Device	Off-label/Investigational/Experimental Information Discussed

By signing this document, I acknowledge that I have accurately completed the above information and have disclosed **ALL relationships** with ineligible companies if applicable. I further agree to comply with the Standards for Integrity and Independence in Accredited Continuing Education as directed by the jointly accredited provider.

**Print Name and Credentials/Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If submitting electronically, append your electronic signature or the words "Submitted Electronically"

# Disclosure Process Information for Accredited Continuing Education

## Why am I receiving this communication?

*University of Nebraska Medical Center* is accredited by the *Joint Accreditation for Interprofessional Continuing Education*. We appreciate your help in partnering with us to follow accreditation guidelines and help us create high-quality education that is independent of industry influence. In order to participate as a person who could influence the educational content of this accredited CE activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past 24 months. We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit [accme.org/standards](http://accme.org/standards).

## Why do we collect this information?

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

## What are the next steps in this process?

After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. Please note the identification of relevant financial relationships does not mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships be mitigated before you assume your role in this activity. To help us meet these expectations, please use the form we have provided to share all financial relationships you have had with ineligible companies during the past 24 months. This information is necessary in order for us to be able to move to the next steps in planning this continuing education activity.