## Disclosure of Financial Relationships for Planners, Faculty, Author(s), Content Reviewer(s) or Others Who May Control Educational Content

For

Information You Need to Know to Disclose Your Financial Relationships with Companies Related to Healthcare

As an accredited provider, we require your assistance to comply with accreditation guidelines and help us create high-quality Accredited Continuing Education (ACE) that promotes improvements or quality in health care and are developed free of the control of ineligible companies^. It is our policy to ensure that our activities are balanced, independent, objective, scientific, and in compliance with regulatory requirements.

^An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing

To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this ACE activity must disclose all financial relationships with ineligible companies over the past 24 months. We ask that you complete and return this form within seven days of the receipt of this request.

- · The information listed on this form will be used to assess and mitigate any potential relevant financial relationship(s) and disclose to learners the presence or absence of relevant financial relationship(s) for all persons in a position to control the content of an activity.
- Anyone who refuses to disclose will be disqualified from participating in the activity.
- . There is no minimum financial threshold. You must disclose all financial relationships, regardless of the amount, with ineligible companies. Only disclose your own financial relationships, not those of your spouse or life partner.
- · We ask you to disclose all financial relationships in the past 24 months with ineligible companies regardless of whether or not you view the relationships as relevant to the ACE activity. CLPD staff will determine if the information that you provide is relevant to the topics of the ACE activity in which you will participate.
- If the CE staff determine that there are relevant financial relationships that need to be mitigated, the CE staff will decide the appropriate method of mitigation. Mitigation for faculty may involve but is not limited to a peer review of the content developed. If you are a planner, other methods will be utilized, for example, recusal from controlling aspects of planning and content with which there is a financial relationship.
- Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

## Disclosure Form Required by the Standards for Integrity and Independence

This section to be completed by the Planner, Faculty, Author, Content Reviewer or Others Who May Control Educational Content:

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies. 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

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Required fields are indicated with an asterisk (\*) and must be completed, the form cannot be submitted without an answer.

		ial support (in any amount) from an ineligible company (includi eakers bureaus, stock ownership – other than those in a
	these relationships below).	r have had a financial relationship with an ineligible company (list
	○ No. In the past 24 months, I have not had a financia	I relationship with an ineligible company.
	Attestation	
The content and/or presentation of the information with which I am involved will promote quality or improvements in healt care and will not promote a specific proprietary business interest of an ineligible company. Content for this activity, includ any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased. *		
	○ Yes ○ No	
	I understand my presentation/content may need to be reviewed prior to the activity. I will provide educational content and resources in advance as requested. If I determine it is important to clarify the use of trade names, trade names from all available companies should be included, not just trade names from a single company. No company logos will be included. Presentations must be free of marketing or sales of products or services, i.e. no promotion by authors of their own books.	
	O 165	
If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within profession of medicine as adequate justification for their indications and contraindications in the care of patients. All research referred to will conform to the generally accepted standard of experimental design, data collection and anal		indications and contraindications in the care of patients. All scientific
	○ Yes ○ No	
I understand that all payments and reimbursements must be made by the accredited provider or authorized educational partner.*		
	○ Yes ○ No	
	I attest that the above information is correct as of this da	ate of submission (sign below):

Date

Type your full name below to sign: \*

Ø