



# Continuous Professional Development

UNIVERSITY OF CENTRAL FLORIDA

## DISCLOSURE/ATTESTATION FORM

**Title of Conference**

**Date of Conference**

**Name & Credentials**

**What is your role in the conference (CHECK ALL THAT APPLY):**

- FACULTY**    **PLANNER**    **COORDINATOR**    **CE COMMITTEE MEMBER**
- OTHER**

The ACCME requires all individuals in a position to control the content of a CPD activity to disclose all relevant financial relationships occurring within the past 12 months. This includes financial relationships of a spouse/partner. **“An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, an author of CME or a content reviewer and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.”**

The ACCME Standards for Commercial Support defines a commercial interest as any “entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients.”

The ACCME does not consider providers of clinical service directly to patients to be commercial interests unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

ACCME considers relevant financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers content of CME about the products or services of that commercial interest to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used. In addition, a commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

**Have you or your spouse/partner had relevant financial relationships or affiliations with any commercial entity in the past 12 months**    **NO**    **YES - IF YES, PLEASE COMPLETE THE FOLLOWING:**

<b>Name of individual</b>	<b>Your Role in the CPD Activity</b>	<b>Name of Company</b>	<b>Nature of the Relationship</b>
<i>Example: Jane Doe</i>	<i>Course Director</i>	<i>Pharma Co. USA</i>	<i>Speaker</i>

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Do you intend to discuss off-label use of products or medical devices?

YES  NO  N/A

If yes, name the product and its use.

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**CLINICAL CONTENT VALIDATION (please check the following boxes to show that you have read and agree with these statements).**

- Recommendations involving clinical medicine in a CPD activity must be based on scientific evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
  - Recommendations must conform to the generally accepted standards of experimental design, data collection and analysis.
  - All scientific research referred to, reported on, or used in this CPD activity will support or justify patient care recommendations that conform to the generally accepted standards of experimental design, data collection, and analysis.
  - Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.
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**UNBIASED PARTICIPATION IN A CPD ACTIVITY**

I agree to make the following decisions free of the control of a commercial interest: Identification of needs; educational objectives/outcomes; selection and presentation of content; selection of all persons and organizations that will be in a position to control the content of the activity; selection of educational methods; the evaluation of the activity and during my presentation, I will not present information that is commercially biased.

I will promote improvements or quality in healthcare and not promote any specific proprietary business interest of a commercial entity; and my presentations will give a balanced view of therapeutic options in the planning and/or delivery of this CME activity.

I agree that NO direct payment from an ACCME-defined commercial interest will be given to the director of this educational activity, any planning committee member, teacher or author, joint provider, or any others involved in this CPD educational activity.”

I am not a faculty and/or planner employed by an ACCME-defined commercial interest. (Faculty and/or planners employed by an ACCME-defined commercial interest are prohibited by University of Central Florida Continuous Professional Development from participating in an accredited CME activity).

I am not a non-accredited partner (in a joint provider relationship) of an ACCME-defined commercial interest. “Standard 1.2 - A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.”

**By typing or signing my name below, I attest that the information provided in this document is legitimate and true to the best of my knowledge and I agree to adhere to the above statements.**

Signature

Date