

Conflict of Interest Disclosure (Regularly Scheduled Series)

Activity Title: _____ **Activity Date:** _____

Name: _____

Check all that apply:

Faculty Course Director Author Reviewer Moderator Planning Committee Other _____

As an ACCME accredited provider, Albert Einstein College of Medicine must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored, jointly sponsored, and certified educational activities. Any individual being considered to participate in a sponsored/certified activity who is in a position to control the content is required to disclose any financial relationships* with commercial interests**. The intent of this disclosure is to aid the Center for Continuing Medical Education (CCME) in determining: 1) whether a potential conflict of interest exists; and, if so, 2) whether that potential conflict can be resolved. All such information disclosed by everyone appointed to participate in the CME activity will be disclosed to the CME activity participants. **REFUSAL(S) TO DISCLOSE WILL PROHIBIT PARTICIPATION IN ALBERT EINSTEIN COLLEGE OF MEDICINE SPONSORED/CERTIFIED ACTIVITIES.**

* Financial Relationship refers to financial relationships of any amount, on the part of the individual and their spouse/partner occurring within the past 12 months in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, 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.

** A Commercial Interest is any proprietary entity producing health care goods and services with the exception of non-profit or government organizations and non-health care related companies.

Relevant Financial Relationships ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of **THIS** CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines 'relevant' financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Commercial Interest(s)	---- Type of Financial Relationship ---- <i>Include significant spousal/life partner relationships. Check all the apply:</i>				
	Grant/ Research	Consultant	Stockholder	Speakers Bureau	Other
WITHIN THE PAST 12 MONTHS ONLY					
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will any of the above relationships impact your ability to present an unbiased presentation? <input type="checkbox"/> YES <input type="checkbox"/> NO					

- I have no conflict of interest(s) to report.
- I intend to reference unlabeled/unapproved uses of drugs or products in my presentation.

I represent that the foregoing information is complete and truthful.

Signature of Reporting Individual

Date of Submission

CCME COI REVIEW (Internal Purposes Only)

Associate Dean/Designee Initials _____

Resolved by Conflict of Interest Committee, if applicable