

The Medical Society of Virginia intrastate accreditation committee offers this document as an example to identify relevant conflicts of interests of those with control over content. Providers may adapt this document to their specific CME program. Use of this form does not guarantee compliance with accreditation requirements.

**(Name of Organization) Conflict of Interest Disclosure Form**

**Your Name:** \_\_\_\_\_

**Activity Title:** \_\_\_\_\_ **Date of Activity:** \_\_\_\_\_

**Identified level of participation in the CME Activity:**

- Course Director                       Moderator                       Speaker                       Other: \_\_\_\_\_  
 Planning Committee Member       Panelist                       Article or Case Presenter

Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with **any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on patients** that relates to the content of the CME activity or to your presentation?

**SPEAKERS:**

- Yes, I have a financial interest(s) related to the content of my presentation  
 Complete Part 1, Part 2 and Part 3, and sign your name below.  
 Self  
 Spouse/partner  
 No - Complete Part 3 and sign your name below.

**DIRECTORS, PLANNERS, COORDINATORS:**

- Yes, I have a financial relationship related to the content of the CME activity  
 Complete Part 1 and Part 4 and sign your name below.  
 Self  
 Spouse/partner  
 No - Sign your name below.

**Part 1: To be completed by the speaker, course director, planning committee member, etc.**

Commercial Interest	Nature of Relevant Financial Relationship (include all those that apply)	
	What was received? Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, etc .	For What Role? Employment, independent contractor, consulting, speaking and teaching, membership on advisory committees or review panels, etc.
<i>Example: Company X</i>	<i>Honoraria</i>	<i>Speaker</i>

**Part 2: To be completed by speaker with financial relationship related to content of presentation**

**I attest to the following:**

- I understand that the information presented to the learner must be unbiased, scientifically balanced, and based on best available evidence and best practices in medicine. I agree to make a fair, balanced presentation with all reasonable clinical alternatives when making practice recommendations.  
 I attest that relationships with commercial interests will not influence or bias my presentation or any involvement in planning the CME activity.  
 All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.

**Part 3: To be completed by all speakers**

**I agree to:**

- Not use trade names in my presentation. If I determine that it is important to clarify via the use of trade names, trade names from all available commercial products in all the same drug class should be included, not just the trade names of a single product.  
 Comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).  
 Whenever possible and always when requested, provide appropriate peer-reviewed medical literature references which support my clinical or practice recommendations.  
 Disclose to the audience when products/services are not approved by the FDA for the use under discussion or when the products are still under investigation.  
 Obtain the necessary copyright permission(s) for any portion of my CME activity materials that is not my original work or for materials in which I do not hold the copyright.  
 Not accept any payment or reimbursement for this presentation directly from any commercial interest and understand that all payments and reimbursements must be made by the accredited CME provider or authorized educational partner.

**Part 4: To be completed by directors, planners, coordinators, etc. with financial relationship related to content of the activity:**

- To the best of my ability my financial relationships with commercial interests will not affect any speakers or content over which I exert control.  
 I will recuse myself from planning activity content in which I have a conflict of interest.

**Signature (planner, speaker, etc.)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CME Director or Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**With insertion of an electronic signature, please return to EMAIL ADDRESS  
OR print, sign and send by fax to: XXX XXX-XXXX.**