

## Financial Disclosure Agreement

\_\_\_\_\_ ensures balance, independence, objectivity, and scientific rigor in all individually provided or jointly provided educational programs. This document must be completed by all individuals who have influence over the content of the educational activity (i.e., instructors, course director(s), planning committee, faculty, etc.). The CPME Standards and Requirements require that we disqualify any individual who refuses to disclose relevant financial relationships from influencing continuing education (CE) content and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the activity. The intent of the disclosure is not to prevent an individual with a significant financial or other relationship from being involved in the CE activity, but rather to provide the audience with information on which they can make their own judgements.

**CE Activity Title:** \_\_\_\_\_

**Activity Date(s)/Location:** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Individual's prospective role(s) in the planning and delivery of this activity (choose all that apply):**

- ☐ Instructor/Presenter ☐ Moderator ☐ Author ☐ Activity Director ☐ Planning/Approval Committee Members  
☐ Board Member ☐ Executive Director ☐ Other: \_\_\_\_\_

**Instructors/Presenters/Authors**

How do you plan to balance any potential conflicts of interest and keep your presentation free of commercial basis? (please check all that apply)

- ☐ I will use generic names when possible. If proprietary names are used, I will mention several companies that make relevant products.  
☐ I will discuss the pros and cons of competing products in my presentation.  
☐ I will submit my talk in advance to allow for adequate peer review.

**Planners/Approval Committee/Activity Director/Moderators/Board Member/Executive Director/Other**

- ☐ I will ensure that any speakers or content I suggest is independent of commercial bias.  
☐ I will recuse myself from planning activity content in which I have a conflict of interest.

**Disclosure of Relevant Financial Relationships**

Relevant financial relationships include those in which an individual (including the individual's spouse/partner) in the last 12 months has had a personal financial (any amount) relationship with a commercial interest producing health care goods or services.

- ☐ **NO**, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.  
☐ **YES**, within the past 12 months, I have had either a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation or activity. (Provide information below)

Nature of Financial Relationship	Name of Company(s) and Relationship	Self	Spouse/ Partner
<input type="checkbox"/> Consultant			
<input type="checkbox"/> Speaker's bureau			
<input type="checkbox"/> Grant/research support (principal investigator or working directly for company/company's agent)			
<input type="checkbox"/> Stock shareholder (self-managed)			
<input type="checkbox"/> Honorarium			
<input type="checkbox"/> Full-time/part-time employee			
<input type="checkbox"/> Other			

## Template for Collecting Information about All Financial Relationships from Instructors, Planners, and Others

**If at any time during my presentation I intend to discuss the use of off-label use of a commercial product/device, I understand that I must disclose that intent.**

- ☐ **No**, I do not intend to discuss the off-label use of a commercial product(s)/device(s).
- ☐ **Yes**, I do intend to discuss off-label use of a commercial product(s)/device(s) and agree to inform learners as such.
- ☐ Not applicable.

**I agree to protect patient confidentiality by removing any identifying information within my presentation and/or materials.**

- ☐ **Yes**, I agree.
- ☐ Not applicable, my presentation and/or materials does not include any identifying patient information.

### **Declaration**

I will uphold CPME continuing medical education standards and requirements to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development, or presentation of this activity. I understand that continuing education approval requirements prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the approved CE provider. I understand additional information may be requested to address any perceived conflict of interest. This may include peer review, limiting the scope of the presentation, recommendations based on structure review of best evidence, suggestion of an alternative instructor or planning committee member, on-site monitor, altering the activity design to ensure fair and balanced treatment or topic and/or dissolving the financial relationship. All identified conflicts of interest will be managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.

I attest that the above information is correct as of the date of this submission.

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