



# Disclosure of Relevant Financial Relationships for Meeting Planners

Name: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

In the first column, please list the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of are considered to be yours.

In the second column, please describe what you or your spouse/partner received (ex: salary, honorarium etc). Please do not list a dollar amount.

In the third column, please describe your role.

|  |  |
|--|--|
|  | I do not have any relevant financial relationships with any commercial interests.                        |
|  | The relationships identified below are not associated with any portion of the planning of this activity. |

| Commercial Interest   | Nature of Relevant Financial Relationship<br>(Include all those that apply – <i>more information may be listed on additional sheets</i> )  |                |
|---|--|----------------|
|   | What was received  | For What Role? |
| <i>Example: Company 'X'</i>   | <i>Honorarium</i>  | <i>Speaker</i> |
|   |  |                |
|   |  |                |
|   |  |                |
|   |  |                |
| <b>Example terminology</b>  |  |                |
| <b>What was received:</b> 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. | <b>Role(s):</b> Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify). |                |

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

*Please see definitions on reverse side.*

# Definitions

## Commercial Interest

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

## Financial relationships

Financial relationships are those relationships 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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

## 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 the 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.

## Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

## ***FOR KMA USE AND JOINT PROVIDERSHIP ONLY***

Conflict was resolved by:

- Individual was contacted and advised that participation in the planning of activities must be made free of ANY commercial bias. Individual was advised that he/she must recuse themselves from any part of the activity in which they have a conflict that cannot be resolved.
- Individual was unable to resolve their conflict and was prohibited from participation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date Contacted

\_\_\_\_\_  
Staff/Contact Name

Individual Contacted Via:

- Telephone
- Email (Attach email to this form)
- Letter (Attach letter to this form)

NOTES