



SPEAKER APPROVAL FORM

ALL PAGES MUST BE COMPLETED AND SIGNED BY SPEAKER

Speaker Name (Please print):

Activity Title:

Activity Date:

What are the professional practice gaps of the learners?

Objective(s) of activity (stated in action terms):

- 1.
- 2.
- 3.

EXAMPLES:

Objective: Define clinical applications to reduce infection

Expected Results/Outcomes: Participant is aware of active measures to prevent infection.

This activity is designed to change learners':

- ☐ Competence –Knowing (knowledge) and having the ability to do It
- ☐ Performance- Doing It
- ☐ Patient Outcomes The result of knowledge, competence and performance

KMA is accredited by the Accreditation Council of Continuing Medical Education (ACCME). Accreditation rules require that all financial relationships between speakers and planners; and commercial interests be evaluated to determine if the possibility exists for bias of CME activities. If any conflict of interest exists, it must be resolved prior to the activity.

To meet this requirement, please complete the financial disclosure and return it to the KMA at your earliest convenience. This information is necessary in order for us to move to the next step in planning this CME activity. If we don't receive this information, you will be disqualified from participating.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

In the first column, please list the names of proprietary entities producing, marketing, reselling, 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 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 the content of my presentation and will not be discussed or presented on any material.

Commercial Interest	Nature of Relevant Financial Relationship (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>
Example terminology		
What was received: 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.		Role(s): 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).

Definitions

Commercial Interest

The ACCME defines a "commercial interest" as any 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.

CONFLICT OF INTEREST RESOLUTION

In order to meet accreditation requirements regarding potential conflicts, speakers must adhere to the following requirements.

- Any recommendations involving clinical medicine must be based on evidence accepted within the medical profession as appropriate for the care of patients
- Research reported or referred to should conform to accepted standards
- Content should promote improvements in quality of care and not a specific proprietary business or commercial interest
- A balanced view of therapeutic options should be given, along with generic names to provide impartiality
- Educational materials can't contain any advertising, trade names or produced messages

SPEAKER ACKNOWLEDGEMENT AND SIGNATURE (REQUIRED)

I understand and agree to abide by the requirements of the KMA in my presentation of this CME activity.

Signature _____ Date _____

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Conflict was resolved by:

- ☐ Speaker was contacted and advised that presentation must be made free of ANY commercial bias. Speaker was advised that he/she must recuse themselves from any part of the activity in which they have a conflict that cannot be resolved.
- ☐ Speaker was contacted and advised that ALL slides must be independent of any trade reference. Slides to be verified by staff.
- ☐ Speaker was unable to resolve their conflict and was prohibited from making their presentation.

Speaker Name

Date Speaker Contacted

Staff/Contact Name

Speaker Contacted Via:

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

NOTES