



**DISCLOSURE FORM FOR IDENTIFYING ALL FINANCIAL INFORMATION FOR
FACULTY, PLANNERS AND OTHERS**

NAME		ACTIVITY DATE	
TITLE OF ACTIVITY			

INDIVIDUAL'S PROSPECTIVE ROLE IN ACTIVITY	PLANNER	FACULTY/TEACHER	CONTENT REVIEWER	AUTHOR/WRITER	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry/influence. KMA accreditation requirements and ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education.

The Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence require **all** financial relationships between individuals that can control or influence the content of an activity (speakers, planning committee members, content reviewer, etc.) and ineligible companies be evaluated to determine if the possibility exists for industry influence in the learning environment of an accredited continuing educational activity. If any relationship exists, it must be mitigated prior to the activity.

Please disclose **all financial relationships** that you have had **in the past 24 months** with ineligible companies (see definition below).

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s).

There is no minimum financial threshold; we ask that you **disclose all financial relationships, regardless of the amount, with ineligible companies.**

You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Examples of natures of relationships: Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed.

Important Note Regarding Funds from Research: Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the grant and manages the funds.

Please complete the form below in its entirety and return to the CME/Education Department by _____.

Please disclose **all financial relationships** that you have had in the **past 24 months** with ineligible companies (see definition below).

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s).

There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

You should disclose all financial relationships regardless of the potential relevance of each relationship to the education

If you have not had any financial relationships with any ineligible companies in the past 24 months, please indicate here:

_____ (mark checkbox and initial here)

<p>Enter the Name of Ineligible Company An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</p>	<p>Enter the Nature of Financial Relationship Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.</p>	<p>Has the Relationship Ended? If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</p>
<p>Example: ABC Pharmaceuticals</p>	<p>Speaker</p>	<p><input type="checkbox"/></p>
		<p><input type="checkbox"/></p>
		<p><input type="checkbox"/></p>
		<p><input type="checkbox"/></p>
		<p><input type="checkbox"/></p>
		<p><input type="checkbox"/></p>
		<p><input type="checkbox"/></p>

CORE CRITERIA CONSIDERATIONS

<p>What is the practice-based problem (gap) will this education address?</p>	
---	--

<p>What is/are the reason(s) for the gap? How are your learners involved?</p>	
<p>Who is the target audience for this activity?</p>	
<p>What new strategies can learners expect to apply in practice based on their participation in this activity?</p>	
<p>What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?</p>	
<p>What are the objectives for this activity?</p>	

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

Signature _____

Date _____