



**Disclosure of Relevant Financial Relationships
By Speakers, Authors, and Planners of CME Activities**

The intent of this disclosure is to allow the South Carolina Medical Association the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CME activities. All **faculty** and **planners** of SCMA-sponsored activities are expected to disclose to the SCMA any relevant financial relationships with any commercial interest that produces health care goods or services related to the **content of the educational presentation** in which they are involved.

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.

Commercial interest: is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients. *The ACCME does not consider providers of clinical services directly to patients to be commercial interests – unless the provider of clinical service is owned, or controlled by, an ACCME-defined Commercial Interest.*

Financial relationships: 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, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and his/her spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

PLEASE COMPLETE AND SIGN ON THE SIGNATURE LINE ON PAGE 2

Name of Speaker or Planner: _____

Content of CME Presentation: _____

Title of Presentation: _____ **Date of Activity:** _____

Do you or your spouse/partner (past 12 months) have relevant financial relationships with proprietary entities producing health care goods or services related to the **content of this activity**? Yes No

(If you answered “yes,” please complete page 3)

If yes, please identify the commercial interest/organization next to the best description of this relationship.

<u>Financial Relationship</u>	<u>Commercial Interest/Organization</u> – Please print/provide a typed list
Grant/Research Support	_____

Consultant	_____

Speaker’s Bureau	_____

Major Stock Shareholder	_____

Other Financial/Material Support	_____

An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of nor responsibility for, the development, management, presentation or evaluation of the CME activity.

If you have indicated any pertinent relationships, please complete the reverse side of this form.

I agree that my recommendations involving clinical medicine in this CME activity will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in support or justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection and analysis. I further agree to disclose when discussion of an unlabeled use of a product or an investigational use not yet approved occurs during the course of the presentation.

Signature of Speaker: _____ Date: _____

Printed Name: _____

**IF YOU ANSWERED “YES” ON PAGE 1,
PLEASE COMPLETE PAGE 3.**

**FAILURE TO COMPLETE
AND SIGN AS NEEDED
MAY RESULT IN LOSS OF CME.**

Please mail completed copy to:

SCMA / CME Department
132 Westpark Blvd.
Columbia, SC 29210

OR FAX to:

803-772-6783

**ONLY COMPLETE IF YOU INDICATED RELEVANT FINANCIAL
RELATIONSHIPS ON PAGE ONE OF THIS FORM.**

**TO ALL SPEAKERS AND PLANNERS WHO DOCUMENT A RELEVANT FINANCIAL RELATIONSHIP
WITH ANY COMMERCIAL INTEREST THAT PRODUCES HEALTH CARE GOODS OR SERVICES
CONCERNED WITH THE CONTENT OF THE EDUCATIONAL PRESENTATION IN WHICH THEY ARE
INVOLVED.**

In an effort to comply with the ACCME requirement to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all CME activities, we are asking that you consider **one** or more of the following options to assist the SCMA in its responsibility to ensure appropriate choice of speakers and planners.

Speakers/Authors

1. I am on the speaker's bureau of a company. **(If so, please answer the following 3 questions.)**
 - a. Do you plan to recommend the exclusive use of one or more of its products or services?
 Yes No
 - b. How often do you speak on behalf of the company for product specific education?
 Never Less than 5 times/year 5-10 times/year More than 10 times/year
 - c. How often do you receive an honorarium for a CME presentation that is funded by the company?
 Less than 5 times/year 5-10 times/year More than 10 times/year
2. I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature.
 Yes No
3. I will refrain from making recommendations, regarding products or services, e.g. limit presentations to pathophysiology, diagnosis, and/or research findings.
 Yes No
4. I will recommend an alternate presenter for this topic for the planning committee's consideration.
 Yes No

If yes, who do you recommend? _____
5. I will submit my talk in advance to allow for adequate peer review.
 Yes No

If yes, you will need to submit your presentation at least one month prior to the first date of the meeting at which you are presenting.
6. I will or have divested myself of this financial relationship.
 Yes No

Planners

1. To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
 Yes No
2. I will recuse myself from planning activity content in which I have a conflict of interest.
 Yes No

Signature of Speaker/Planner: _____

Date: _____

Mid-Carolina AHEC

Conflict of Interest Form

2015 Criteria

Title of Educational Activity: _____

Educational Activity Date: _____

Role in Educational Activity: (Check all that apply)

- Nurse Planner
 Content Expert
 Faculty/Presenter/Author
 Content Reviewer
 Other – Describe: _____

Section 1: Demographic Data

Name with Credentials/Degrees: _____

If RN, Nursing Degree(s): _____ AD _____ Diploma _____ BSN _____ Masters _____ Doctorate

Address: _____

Phone Number: _____ Email Address: _____

Current Employer and Position/Title: _____

Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

****Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;

- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients;
- A liability insurance provider;
- A health insurance provider;
- A group medical practice;
- An acute care hospital (for profit and not for profit);
- A rehabilitation center (for profit and not for profit);
- A nursing home (for profit and not for profit);
- A blood bank; or
- A diagnostic laboratory.

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

_____ Yes _____ No

If yes, complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

** All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name and Credentials (Required)

Date

Section 6: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest if applicable for this activity:
(Check all that apply)

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Conflict of Interest Form.

Typed or Electronic Signature: Name and Credentials (Required)

Date