



## FINANCIAL DISCLOSURE REPORTING FORM FOR INSTRUCTORS/FACULTY, REVIEWERS AND MANAGERS OF CONTINUING EDUCATION (CE) ACTIVITIES

Because CE activities are conducted in the public interest, it is important to assure the public that education received by physicians, nurses, pharmacists and other health care professionals through whom patient care decisions are made is conducted with the highest integrity, scientific objectivity and in the absence of bias. A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CE about the product or services of that commercial interest. The Accreditation Council for Continuing Medical Education (ACCME), the American Nurses Credentialing Center (ANCC), and the Accreditation Council for Pharmacy Education (ACPE) hold providers of CE responsible for collecting information from its instructors/faculty, planners and reviewers of CE content and resolving those relevant conflicts prior to the commencement of planning for the CE activity and/or the development of content. The intent of the conflict of interest resolution process is to assure that instructors/faculty, planners and reviewers financial relationships with commercial interests and resultant loyalties do not supersede the public interest in the design and delivery of continuing education activities for the profession.

### Criteria for Disclosure of Financial Relationships

- Instructors/faculty, planners and content reviewers who affect the content of a CE activity are required to disclose financial relationships or relationships to products or devices they have with commercial interests (i.e. any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients) of any amount over the past 12 months ONLY.
- A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.
- Financial relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition **do not have to be disclosed**.
- Honoraria received, or consulting funds, from a CE provider, even though those funds may have been provided to that CE provider through an educational grant from a commercial interest, **do not have to be disclosed**.
- If you are a **principal investigator** for a clinical trial, you must report that research relationship below under "Contracted Research" even if those funds came to an institution.
- If your spouse or life partner has a relevant financial relationship with an applicable commercial interest (e.g., is employed as the VP-Marketing), or provides marketing advice to an applicable commercial interest as a consultant, **you must include that disclosure in the table below**.
- **In accordance with ACCME, ANCC and ACPE requirements, failure to provide disclosure of financial relationships in a timely manner will result in the disqualification of the potential activity director, instructor/faculty, reviewer or planning committee member from any MedStar Health CE activity.**

## DISCLOSURE OF FINANCIAL RELATIONSHIPS

A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.

**Name of Discloser:** \_\_\_\_\_

I am:  Activity Director  Planning committee member  Instructor/Faculty  Content Reviewer  
(check all that apply)

**Name of CE Activity:** \_\_\_\_\_ **Date of Activity:** \_\_\_\_\_

Within the past 12 months, have you or your spouse/life partner received support from, or had a financial relationship with, a commercial interest?

**NO** I/We have no financial relationships to report.

**YES** I/We have at present and/or have had within the past 12 months a financial relationship with a commercial interest as listed below.

Self	Spouse/ Partner	Type of Financial Relationship <i>within the past 12 months ONLY (from today's date)</i> <i>Include relevant spouse/life partner relationships</i>	Indicate Name of Applicable Commercial Interest <i>within the past 12 months ONLY (from today's date)</i> <i>Include relevant spouse/life partner relationships</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Salary</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Royalty</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Receipt of Intellectual Property Rights /Patent Holder</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Non-CE Consulting Fee</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Non-CE Speakers Bureau</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Fees for Non-CE Services Received Directly from a Commercial Interest or its Agent</b> <i>(An accredited CE provider is not an agent for a commercial interest, whereas a company acting for a commercial interest in a promotional activity is an agent)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Contracted Research</b> <i>(Only include research funds received directly from industry; grants to your institution are NOT reportable. If you are a principal investigator, you must report a financial relationship even if those funds came to the institution for which you work)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Ownership Interest</b> <i>(stocks, stock options, or other ownership interest excluding diversified mutual funds)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other (please describe):</b>	

My signature (or typed name all in UPPERCASE for e-filing) below indicates that I have read and completed this form myself and, to the best of my ability, provided current and accurate information. I am aware that the financial disclosure information provided in this form will be shared with learners prior to their engagement in this CE activity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please review the following statements and indicate your understanding of and willingness to comply with each statement. If you have any questions regarding your ability to comply, please contact medstarcme@gmail.com as soon as possible.

**Agree**   **Disagree**

*I have disclosed all financial relationships.*

*The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.*

*I have not and will not accept an honorarium, additional payment, or reimbursements except for payments from the CE provider or authorized representative for my participation in this activity. I understand that all payments to me will be made in compliance with MedStar Health's Policy on Honoraria and Expense Reimbursement.*

*I understand that my CE activity presentation/materials may be prospectively peer-reviewed for fair balance and validation of content and may require editing. I will provide educational content and resources in advance as requested.*

*All scientific research referred to, reported or used in continuing education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis*

*Use of generic names will contribute to this impartiality. If my presentation includes trade names, where available, trade names from several companies should be used, not just trade names from a single company. Logos from commercial interests are never permitted on any course materials including presentation slides.*

*My presentation will be evaluated by attendees for fair balance, objectivity and scientific rigor*

*If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way.*

*I will remove all patient identifiers (name, birth date, address, phone number, medical record number, account number, social security number, etc.) from my presentation materials. I will not use identifiable photographs of patients, unless I have obtained written patient permission.*

*Any selection of topics, instructional content and personnel I make will be done to serve the public interest by improving the quality of healthcare. To the best of my ability, I will not let any personal financial relationships influence this selection process.*

*If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.*

#### **To Be Completed By Physicians Only**

*All recommendations involving clinical medicine in a CE activity must 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.*

*To the extent practical, recommendations involving clinical medicine in this CE activity will be substantiated by peer-reviewed sources. I will make meaningful disclosure to the attendees if products or procedures I discuss are off-label, unlabeled, experimental, and/or investigational (not FDA approved), and any limitations on the information that I present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.*

*My signature (or typed name all in UPPERCASE for e-filing) below indicates that I have read and completed this form myself and, to the best of my ability, provided current and accurate information. I am aware that the relevant financial information provided in this form will be shared with learners prior to their engagement in this CE activity.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_