



CME Faculty/ Speaker Disclosure Form

Due Date	
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As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), Loma Linda University School of Medicine Continuing Education, must insure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. LLU has implemented a process where everyone who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest. Any conflict of interest that exists as a result of a financial relationship *must be resolved* prior to the activity. In order for LLU to comply with the ACCME Standards of Commercial Support, you must complete this disclosure form and return it to us by the above due date. *Please be advised that no one can participate in the planning or implementation of a CME activity without full written disclosure.* .

Presenter/Faculty/Program Planner Name			
Program Title		Date	
Lecture Title if different than Program			
Check here if you are the Program Planner/Chairperson	☐		

PLEASE SEE BACK SIDE FOR GLOSSARY OF TERMS

1. List the names of any commercial entities producing health care goods or services 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 to be yours. (Non-profit or government organizations and non-health care related companies are exempt.)
2. Describe what you or your spouse/partner received such as salary, honorarium, consulting fees, royalties, grants, intellectual property, ownership interest, stock (excluding diversified mutual funds), etc.
3. Describe your role with the commercial interest such as speaker, researcher, employment, investor, management, independent contractor, teacher, membership on advisory or review committees, board member, consultant, etc.

1. Commercial Interest (Name of Company)	Nature of Relevant Financial Relationship Include all that apply	
	2. What I received	3. My role

	I do not have any relevant financial relationships with any commercial interests
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By signing this form I agree that this information may be disclosed to the target audience and that the quality and scientific integrity of this presentation will be maintained, including the use of generic/trade names and reporting any industry-based scientific research.

Signature		Date	
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Glossary of Terms

Commercial Interest

The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

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.



**CME Faculty/Speaker Verification
for Evidenced-Based CME Activities**

Due Date	
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Presenter/Faculty/Program Planner Name			
Program Title		Date	
Lecture Title if different than Program	See Faculty Disclosure Form		
Check here if you are the Program Planner/Chairperson	→		

By signing this form, I agree to the following concerning my CME presentation and/or planning of this program:

1. All recommendations involving **clinical** medicine 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 a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
2. The content or format of my presentation/CME activity and related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. If applicable, generic names and trade names from several companies will be used where available. In short, I will insure balance, independence, objectivity and scientific rigor in my participation of this CME activity and my presentation (and/or planning of this activity) will be evidenced-based and free of commercial bias.
3. As of July 1, 2006, all CME courses with a patient care component must contain curriculum that includes cultural and linguistic competency in the practice of medicine (CALIF AB 1195). I will incorporate into this activity cultural differences in incidence, diagnosis, management, prognosis, therapeutic relationships, treatment, communication, etc., as appropriate.

You may use this space to include additional comments concerning your participation and verification of adhering to ACCME's Standards of Commercial Support

Signature	
Date	