

**DISCLOSURE FORM**

|  |  |
| --- | --- |
| **Name (print):**  | **Phone Number:**  |
| **Title:**  | **Email:**  |
| **Indicate Role in CME Activity (check all that apply):** | 🞏 Speaker/Presenter 🞏 Planner/Planning Committee Member 🞏 Education Team Member 🞏 Reviewer/Approver 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CME Activity Title:** |  |
| **CME Activity Date:** |  |
| 🞏 **Single Activity:** | This form is used as a single activity disclosure. |
| 🞏 **Regular Scheduled Series:** | This form is used as an annual disclosure. I agree to inform the CME Program immediately if any change of information occurs within the next 12 months. |

**Instructions on Disclosing Commercial Interests**

The California Medical Association (CMA) policy requires reporting of financial relationships of a planner, faculty, or author. To identify any potential conflicts of interest, please complete this disclosure statement. If you are unable to disclose these financial relationships for any reason, you will be disqualified from participating in this activity. Please list any financial relationships with a commercial interest.

The ***Accreditation Council for Continuing Medical Education (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*.** Example of financial relationships with commercial interest include ownership or part ownership of commercial interests, membership on boards of directors, trustees or advisory committees of commercial interests, grants or research support from commercial interests (excluding grants from government or non-profit, independent foundations), employee of commercial interests, salary, royalty, intellectual property rights, consultant for commercial interests, stock holder (excluding mutual fund holdings) of commercial interests, member of speakers bureau of commercial interests.

**Exceptions to Commercial Interest**

The ACCME does not consider providers of clinical services directly to patients to be commercial interests, thus the ACCME exempts the following types of organizations: non-profit or government organizations; non-health care related companies; liability and health insurance providers; group medical practices; and for-profit hospitals, rehabilitation centers and nursing homes, blood banks and diagnostic laboratories.

**Financial Relationship Disclosure**

|  |  |
| --- | --- |
| **Commercial Interest** | **Nature of Relationship** |
| **Name of Company** | **Type of Compensation (honoraria, grant, salary, etc. amount not required)** | **Indicate Role****(speakers’ bureau, stockholder, etc.)** |
|  |  | **check one that apply: 🞏 Self 🞏 Spouse/Partner** |
|  |  | **check one that apply: 🞏 Self 🞏 Spouse/Partner** |
|  |  | **check one that apply: 🞏 Self 🞏 Spouse/Partner** |
|  |  | **check one that apply: 🞏 Self 🞏 Spouse/Partner** |
| 🞏  | Neither I nor my spouse/partner have any financial relationship with a commercial interest as defined by this disclosure within the last 12 months. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Note: Prior to the start of the activity, your relevant financial relationships or lack thereof will be disclosed to the audience. If there is a change in the reported information prior to the activity date, you are required to notify the CME Coordinator at Medical Staff Services at 916-887-1230.

|  |  |
| --- | --- |
| **CME Activity Title:** |  |

**Purpose of Disclosure**

As a CME provider accredited by the California Medical Association, we must ensure balance, independence, objectivity and scientific rigor in all of our sponsored educational activities. We adhere to the *ACCME Standards for Commercial SupportSM*.

Everyone who is in a position to control the content of an educational activity throughout the planning and delivery phases must disclose to us the nature of any relationship with a commercial interest as defined by Accreditation Council for Continuing Medical Education. This includes all physicians and non-physician employees involved in planning, as well as authors, presenters and faculty*.*

A conflict of interest exists when an individual (or their spouse/partner) has a financial relationship with a commercial interest and the opportunity to affect CME content related to that commercial interest. The intent of disclosure is not to disqualify a speaker, author or program planner from participating in an educational activity, but to resolve any potential conflicts of interest that may arise from financial relationships with a commercial interest that are determined to be relevant. Sutter Medical Center, Sacramento has a process to resolve any conflicts of interest and assume that resolution will be possible. During this process, you may be asked for further information or explanations.

**Review of Financial Relationship Disclosure**

|  |  |
| --- | --- |
| 🞏  | I have reviewed the information and noted that no financial relationship(s) with an ACCME-defined commercial interest was disclosed. |
| 🞏  | The disclosed financial relationship(s) with an ACCME-defined commercial interest requires review to resolve any Conflict of Interest. (See COI Review Form) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reviewer Print Name Reviewer Signature Date