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| **Full Disclosure Request and Information** | |
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| **Why are we asking you to complete this form**  You have been identified as having control or influence in a CAP educational activity. We appreciate your help in partnering with the CAP to follow ACCME accreditation guidelines and help us create high-quality education that is independent of industry influence. To participate as a person who will be able to control the educational content of CAP accredited CE (CME) activities, we ask that you disclose all financial relationships with any ineligible companies. For more information on the ACCME Standards for Integrity and Independence in Accredited Continuing Education, please visit **accme.org/standards** | |
| **What must be disclosed?**  We ask that you disclose all financial relationships with any ineligible companies that you have had over the past 24 months. We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients**.** | |
| There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. If your disclosure changes, please notify the CAP.  **Please note that employees or owners of ineligible companies are excluded by ACCME regulations from a role in the planning/delivery of accredited CE (CME).** | |
| **Why do we collect this information*?***  Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.  *.* | |
| Please complete and sign the following form byClick here to enter a date.via e-mail, regular mail, or fax. Faculty, authors, or planners who fail to disclose or provide false disclosure will be excluded from participation in the education activity development/delivery. | |
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| **Mail or fax to:** | |
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| *I, the undersigned, declare that except as noted below I do not have a financial interest in or other relationship with a* ineligible companies which is defined as an entity those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients in the past 24 months. If my disclosure information changes within the next 12 months, I will notify the CAP. | | | | | | | | | | | |
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| My role(s) for CAP educational activities (select all that apply): | | | | | | | | | | | |
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| 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. For specific examples of ineligible companies visit **accme.org/standards**. | | | | | Enter the Nature/Role 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. | | | | | | Has the Relationship Ended? If the financial relationship existed during the last 24 months, but has now ended, please check this column. |
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| **Yes** | **No** | **Statement** | | | | | | | | | |
|  |  | **I have disclosed to CAP all relevant financial relationships and I will disclose or acknowledge that CAP will disclose this information to participants prior to the educational activity.** | | | | | | | | | |
|  |  | **The content of educational activity with which I am involved as either an author/planner/faculty will promote quality or improvements in healthcare and not a specific proprietary business interest of a commercial interest. Content for this activity will be well balanced, evidence-based and unbiased.** | | | | | | | | | |
|  |  | **I have not and will not accept any additional payments or reimbursements beyond that which has been agreed upon directly with CAP.** | | | | | | | | | |
|  |  | **I understand that CAP may need to review my presentation and/or content prior to the activity, and I will provide the educational content and resources in advance as requested.** | | | | | | | | | |
|  |  | **All recommendations for patient care will be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options. All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.** | | | | | | | | | |
|  |  | **If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.** | | | | | | | | | |
|  |  | **If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.** | | | | | | | | | |
|  |  | **I agree to not include content if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.** | | | | | | | | | |
|  |  | **I agree that if any discussion, debate, and/or exploration of new and evolving topics occurs, these areas will be clearly identified as such within the education. No content will advocate or promote practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.** | | | | | | | | | |
| **Signature** | | | | | | **Print Name** | | | | **Date** | |
|  | | | | | |  | | | | Click here to enter a date. | |