

CME Planners & Presenters/Faculty

We are pleased that you are willing to participate in Mobile Infirmiry Medical Center-sponsored CME. We seek to provide needs-based educational opportunities to improve healthcare quality.

Mobile Infirmiry Medical Center is accredited by the Medical Association of the State of Alabama to offer continuing medical education to physicians. As such, we have made the choice to meet the Accreditation Council for Continuing Medical Education's (ACCME) expectations for our practice of continuing medical education. We look forward to working together to provide CME at the highest standard.

CME ACTIVITY CONTENT STANDARDS:

Mobile Infirmiry Medical Center requires that the content of CME activities and related materials provide balance, independence, objectivity and scientific rigor. Planning must be free of the influence or control of a commercial entity and must promote improvements or quality in healthcare.

Regarding CME content, it is the policy and expectation of Mobile Infirmiry Medical Center that:

- All recommendations involving clinical medicine 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 this activity in support of justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection and analysis.

When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several companies must be used.

DISCLOSURE & ATTESTATION:

Mobile Infirmiry Medical Center has implemented a process for obtaining disclosure of all relevant financial relationships with any commercial interest by those in a position to control an education activity's planning, approval or content. Also Mobile Infirmiry Medical Center seeks to preserve the CME participation of all planners and faculty through their attestation to certain statements regarding their role.

Conflicts of interest develop when an individual has an opportunity to affect CME content about the products or services of a commercial interest with which he/she has a financial 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. (See Glossary at end for additional definitions of terms).

Through your completion of the attached form, we can inform CME participants about your relevant financial or other relationships and also can move to the next steps in your CME activity participation. Refusal to provide disclosure and attest compliance with our CME role statements (page 3) disqualifies one from participating in Mobile Infirmiry Medical Center CME activity planning and implementation.

Please complete pages 2 & 3.

FAX or email to: Fax: Attn-Shauna Labo at 251-435-3072 E-mail: shauna.labo@infirmarhealth.org

Planner or Presenter Name: _____
CME Role(s): ○ CME presenter, moderator, panelist, other faculty role ○ CME planner: RSS (Regularly Scheduled Series) Planner [Cancer Conf, etc.] ○ Other CME activity planner

Title of CME Activity or Regularly Scheduled Series:
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PART 1: DISCLOSURE

****If you are Mobile Infirmar Medical Center staff who expects to speak at or plan more than one CME session over the year: Please disclose and attest regarding all relationships in order to encompass any individual session’s subject content.****

Does your presentation include discussion of commercial products or services? Yes ____ No ____

Will you discuss any non-FDA approved uses of products/providers of services? Yes ____ No ____

This activity is supported by an educational grant from _____

I am personally receiving an honorarium for this activity. Yes ____ No ____

____ Within the past 12 months I, the undersigned, or my spouse/partner *do have/has* a relevant financial arrangement or affiliation with the organizations/companies noted below. (We consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.)

Organization/ Commercial Interest	Nature of Relevant Financial Relationships (Include all those that apply)	
	Role(s) & What I Received <small>There is no need to disclose actual financial value of any affiliation</small>	Specific Clinical Areas/Topics that Correspond to the Relationship
Example: Company Please use additional pages if needed	Examples: Speaker honorarium, fee for consulting, advising, review panel/board membership, etc., salary, royalty, intellectual property rights, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit.	

I and my spouse/partner have *NO* relevant financial relationships with any commercial interests.

I understand that if any of the relationships with commercial interests change within the term of my participation in the activity, it is my responsibility to notify the CME office of such.

Signature: _____

Date: _____

PART 2: ATTESTATION

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree Disagree N/A

- | | | | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | | I have disclosed to Mobile Infirmiry Medical Center all relevant financial relationships. If I am a presenter for a lecture/didactic session, I will also disclose these relationships to learners (verbally, through a slide, etc.), so they may form their own opinions as to possible bias in either exposition or conclusion.

I am aware Mobile Infirmiry Medical Center will disclose this information to learners through additional means and, where evaluation forms are used, ask participants to indicate their opinions regarding possible bias. |
| <input type="radio"/> | <input type="radio"/> | | Should I be involved in Mobile Infirmiry Medical Center CME topic or content development and/or presentation of information, my involvement will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Any Mobile Infirmiry Medical Center content with which I am involved, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased. |
| <input type="radio"/> | <input type="radio"/> | | I will not accept honoraria, payments or reimbursements related to Mobile Infirmiry Medical Center CME, unless agreed upon directly with Mobile Infirmiry Medical Center. |
| <input type="radio"/> | <input type="radio"/> | | I understand that Mobile Infirmiry Medical Center may request to review my presentation and/or content prior to the activity. I will provide educational content and resources in advance if requested. |
| <input type="radio"/> | <input type="radio"/> | | I understand that participants may be asked to evaluate whether my contribution to a CME event(s) is educational, and not promotional, in nature. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If I am providing recommendations involving clinical medicine, they 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. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If I am providing patient care recommendations, all supporting scientific research I use, report or to which I refer, will conform to the generally accepted standards of experimental design, data collection and analysis. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If I am discussing specific healthcare 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. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 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. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If I have been trained or used as a speaker by a commercial entity or its agent (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 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. |
| <input type="radio"/> | <input type="radio"/> | | In consideration of HIPAA requirements, I understand and agree to take reasonable steps to protect confidential patient information by using only blinded and / or de-identified patient information. Where applicable, only the minimum information necessary to conduct CME education will be used and disclosed. It is understood that further disclosure of patient health information outside of the CME activity is not permitted. |

I have carefully read and considered each item above and have responded to the best of my ability.

Signature: _____

Date: _____

Again, thank you for agreeing to work with us in this CME activity. We look forward to its making an important contribution to the continuing professional development of our learners and to your professional practice.