

Disclosure of Relevant Financial Relationships

ACOEM Component Joint Providership Application
ACCME Criteria: C7

DISCLOSURE INFORMATION

In accordance with the Accreditation Council for Continuing Medical Education's Standards for Commercial Support, all planners, faculty, and authors involved in the development of CME content are required to disclose to the accredited provider their **relevant financial relationships**. *An individual has a relevant financial relationship if he or she (or spouse/partner) has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the CME activity content over which the individual has control.* ACOEM will disclose relevant financial relationships to the activity audience.

The ACCME defines a "commercial interest" as any proprietary entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients, with the exemption of non-profit or government organizations and non-health care related companies.

Your Name: _____

Title of Activity: _____ Date of Activity: _____

Nondeclaration Statement:

_____ I declare that neither I nor my spouse or partner has a relevant financial relationship with any commercial interest(s) related to the subject matter of the CME program.

Declaration Statement:

_____ I (or my spouse or partner) currently have a relevant financial relationship with a commercial interest(s) related to the subject matter of the CME program, **as listed below:**

FINANCIAL RELATIONSHIP

NAME OF COMMERCIAL INTEREST

Honorarium: _____

Consultant: _____

Grant/Research Support: _____

Stock Shareholder: _____

Other Financial/Material Support: _____

Speaker's Bureau: _____

Employee: _____

Other: _____

Failure to return this form as requested by ACOEM will result in disqualification from participation in the development and presentation of the CME activity. ACOEM will use this form to determine relevant financial relationships, which shall be disclosed to the CME activity audience, and conflicts of interest (or unresolved conflicts of interest), which shall be resolved before the individual may participate in the development or presentation of this CME activity.

Your Signature: _____ Today's Date: _____
