

DISCLOSURE FORM

Planning Member *Speaker/Presenter* *Moderator* *Reviewer* *Administrative Staff*

DATE: _____

PROGRAM: _____

FULL NAME: _____

*It is the policy of **Northeast Ohio Medical University** to insure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. This is in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support and the Standards of the Accreditation Council for Pharmacy Education (ACPE). Anyone in a position to influence the content of continuing professional educational activities is required to disclose any relevant financial relationships with any 'commercial interest'. **Northeast Ohio Medical University** must ensure its educational activities are free of the control of a 'commercial interest'.*

Nature of Relevant Financial Relationships

(Include all relationships that apply presently and within the last 12 months)

Commercial Interest?	What was received?	For What Role?
<i>EXAMPLE: COMPANY X</i>	<i>HONORARIUM (AMOUNT NOT REQUIRED)</i>	<i>SPEAKER</i>

* **I do NOT have any relevant financial relationships with any 'commercial interests'.**

EDUCATIONAL ACTIVITY STANDARDS:

1. All scientific research I refer to, report and use in the presentation to support patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis (addresses content validation).
2. All of the recommendations involving clinical medicine in the presentation are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients (addresses content validation). Limitations on information, including, but not limited to data that represents ongoing research; interim analysis; preliminary data; unsupported opinion; or approaches to care that, while supported by some research studies, do not represent the only opinion or approach to care supported by research.
3. The content or format of the presentation and all the related materials promote improvements or quality in healthcare and not a specific proprietary business interest or commercial interest (addresses safe guards against commercial bias).
4. To use educational materials that do not contain any advertising, trade name or product-group messages (this addresses educational material).
5. To use generic names of medications in all remarks (addresses safeguards against commercial bias).
6. If trade names are mentioned, to use those from several companies rather than only those of a single supporting company.
7. Not to accept any direct remuneration or gifts from commercial supporter(s) of this activity as it relates to this specific activity, nor to accept direct input from commercial supporter(s) regarding presentation content.
8. To disclose to the audience all unlabeled or investigational uses of products or services in the remarks.

I have read and agree to all of the above: _____

Signature

Date