

# FACULTY AND PLANNING COMMITTEE MEMBER FULL DISCLOSURE FORM

To: \_\_\_\_\_  
 From: Janelle Sagraves, CME Manager, Mount Carmel Office of Continuing Medical Education

We are pleased that you will be serving as a faculty or a planning committee member for an upcoming CME activity at Mount Carmel in Columbus, Ohio. In accordance with the Accreditation Council for Continuing Medical Education's (ACCME) Standards for Commercial Support, all planners, teachers, and authors involved in the development of CME content must disclose to the accredited provider their **relevant financial relationships**. Relevant financial relationships refer to financial relationships in any amount that you or your spouse/partner have had in the past 12 months with a commercial interest whose products or services are discussed in the CME activity over which you have control. Relevant financial relationships will be disclosed to the activity audience. In addition, the Mount Carmel Policy on Disclosures Relevant to Commercial Bias (distributed by the CME office during the initial planning meeting) must be followed.

The information collected from this disclosure inquiry will be reviewed by a Mount Carmel appointee and/or the CME Committee for potential conflicts of interest. If it is determined that a conflict of interest exists, please be aware that you may be asked to limit the content of your lecture to a report without recommendations, to refocus the CME activity away from the conflict of interest, or you may be disqualified as a planner, teacher, or author. Disclosure information must be submitted in advance for peer review (see deadline below). We appreciate your cooperation in assuring compliance with this policy of the ACCME.

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**FULL DISCLOSURE STATEMENT**

CME ACTIVITY: \_\_\_\_\_  
 NAME OF PLANNER, TEACHER, OR AUTHOR: \_\_\_\_\_  
 DATE: \_\_\_\_\_

1. Does the CME content over which you have control contain information about healthcare products or services? **Circle One:**  
**YES NO (If yes, please proceed to Question 2. If No, please proceed to question 4.)**
2. Regarding the healthcare products or services that will be discussed in the CME activity over which you have control, have you or your spouse/partner had a financial relationship in any amount in the last 12 months with the manufacturers of the products or providers of the services: **Circle one:**  
**YES NO (If yes, please complete the chart below. If no, please sign and return this form.)**

Nature of Financial Relationship/Role	Name of Corporate Organizations	I have divested myself (or my spouse or partner has divested himself/herself) from this relationship. <b>Circle One:</b>	
Grant/Research Recipient		YES	NO
Consultant		YES	NO
Honorarium/Travel		YES	NO
Major Stock Shareholder		YES	NO
Employee		YES	NO
Other: (list)		YES	NO

3. Will any of the relationships identified above cause the information about healthcare products and services in the CME content you control to be commercially biased? **Circle One: YES NO**

4. Faculty must provide evidence-based references accepted within the profession of medicine that support your presentation.
- | <i>Evidence-Based References/Journal</i> | <i>Article Title</i> | <i>Publication Date</i> |
|--|----------------------|-------------------------|
| _____                                    | _____                | _____                   |
| _____                                    | _____                | _____                   |
| _____                                    | _____                | _____                   |

5. I agree to provide a balanced and objective view of all therapeutic options and **to present an outline of my lecture for peer review** by \_\_\_\_\_.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date