

PLANNING COMMITTEE DISCLOSURE FORM

Independence, Balance, and Objectivity

In compliance with the Ohio State Medical Association's (OSMA) Standards for Commercial Support requiring demonstration of independence in the planning and implementation of educational activities, the undersigned confirms the following:

ACTIVITY TITLE _____ DATE OF ACTIVITY _____

TODAY'S DATE _____

INDEPENDENCE, BALANCE, OBJECTIVITY

The following decisions were made free of the control of a commercial interest:

Identification of continuing medical education (CME) needs
Determination of educational objectives
Selection of content
Selection of teachers or authors

Selection of educational methods
Selection of materials
Evaluation of the activity
Planning committee selection

I attest that the CME activity above was planned in accordance with the OSMA's Essential Areas and Elements & Standards for Commercial Support. I further attest that the design, management, and production of this educational activity was the sole responsibility of the Planning Committee appointed by Mount Carmel and was independent of the control of any commercial interest relevant to its content. (*All Planning Committee members must attach individual disclosure forms addressing any relevant financial relationships.*)

SIGNATURE OF PLANNING COMMITTEE MEMBER

DEPARTMENT

