

CME Planner Form

CME Planners only need to complete this form once each calendar year.

Activity Title:		Activity Date:	
Role in CME Activity	<input type="checkbox"/> Activity Medical Director <input type="checkbox"/> Activity Coordinator <input type="checkbox"/> Planning Committee Member <input type="checkbox"/> Other: _____		
PLANNER INFORMATION			
Name (with credentials):			
Email:		Phone Number:	
FINANCIAL DISCLOSURE: (To be completed by Activity Medical Director, Activity Coordinator, or others who may control educational content)			
Please disclose all financial relationships that you have had in the past 24 months with ineligible companies. For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount and regardless of the potential relevance of each relationship to the education.			
Within the past 24 months, have you had a financial relationship in any amount with an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients? <input type="checkbox"/> NO <input type="checkbox"/> YES – List those financial relations below and provide the following information about them:			
Company(ies):		Type of Relationship(s):	
		Possible options include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, ownership interest, and individual stocks and stock options from either public or private companies. Research funding from ineligible companies is to be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	
ATTESTATIONS: Please read the following attestations. By signing you agree to abide by the policies and regulations addressed in this form.			
<ul style="list-style-type: none"> My financial relations will <u>not</u> influence or bias the education at this activity. The accredited education I provide will serve to maintain, develop, or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. I will ensure that the content for this activity, including any presentation of therapeutic options, will include recommendations for patient care based on current science, evidence, and clinical reasoning while giving a fair and balanced view of diagnostic and therapeutic options. I will ensure that all scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation. I will ensure that new and evolving topics in CME are clearly identified as such within the program and individual presentations without advocating for or promoting, practices that are not or not yet adequately based on current science, evidence, and clinical reasoning. I will ensure that no one involved with the planning of content or presenting information during this activity advocates for unscientific approaches to diagnosis or therapy, nor manners of practicing healthcare that is determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients. I will ensure that the content and/or presentation of the information will promote quality or improvements in healthcare and will not promote a specific proprietary business interest or ineligible company. Arrangements to allow companies to market or exhibit to the learners must <u>not</u> influence any decisions related to the planning or delivery or evaluation of the education, interfere with the education, or be a condition of financial or in-kind support. I acknowledge that the Office of CME may have someone attend or monitor the activity to ensure that the presentations, educational materials, and activity are educational, not promotional, in nature. I will contact the Office of CME if there are any changes to my financial relationships prior to the start of the activity. By typing or signing my name below, I attest that the above information is accurate and complete, and I agree to comply with the policies above as I administer this CME activity. 			
SIGNATURE (can be typed):		DATE:	