

Continuing Medical Education Disclosure Form

Purpose

It is the policy of the Essentia Health Continuing Medical Education (CME) Office, in accordance with the Minnesota Medical Association (MMA), to ensure balance, independence, objectivity, and scientific rigor in all CME activities.

Persons who fail to sign and return this form are not eligible to be involved in content development, planning or presenting.

Please indicate your role in Essentia CME activities: <i>(Check all that apply)</i>	<input type="checkbox"/> Presenter <input type="checkbox"/> Planner <input type="checkbox"/> Course Director <input type="checkbox"/> Moderator
Please indicate which CME activities you are participating in:	

Disclosure of Relevant Financial Relationships

Relevant financial relationships are financial relationships in any amount occurring within the past 12 months that create conflict of interest.

Financial relationships are those in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not considered to be commercial interests.

Regarding your role in this CME activity **(check one)**:

YES, I do have a personal financial relationship with a commercial interest and control over educational content (provide information below).

Nature of Financial Relationship	Name of Company(s)	Self	Spouse /Partner
<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Principal Investigator or working directly for company/company's agent)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee (Essentia Health is not a commercial interest)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Describe):		<input type="checkbox"/>	<input type="checkbox"/>

NO, I have no relevant personal financial relationship.

Declaration

I understand that continuing education accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner (or fiscal agent).

PRINT name: _____

Signature: _____ **Date:** _____

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest will be managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.