



Disclosure Form

Name:

For: 2011-2012 Ongoing SMDC CME Activities

Purpose. It is the policy of the Essentia Health Office of Continuing Medical Education, in accordance with the Minnesota Medical Association (MMA), to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Anyone engaged in content development, planning or presentation must complete this form.

Persons who fail to sign and return this form are not eligible to be involved as a presenter/planner.

Please indicate your role in SMDC CME activities:
[] Presenter [] Author [] Course Director [] Moderator [] Planning/Approval Committee
(Check all that apply)

Disclosure of Relevant Financial Relationships

Relevant financial relationships are those in which an individual (including the individual's spouse/partner) in the last 12 months:

- has had a personal financial (any amount) relationship with a commercial interest producing health care goods or services consumed by, or used on patients; and who
also has control over educational content (planning or presenting) about this activity.

Regarding your role in this CME activity (check one - YES or NO; if YES, provide information in table below):

[] YES, I do have a personal financial relationship with a commercial interest and control over educational content about the products of the commercial interest (provide information below.)

Table with 4 columns: Nature of Financial Relationship, Name of Company(s), Self, Spouse /Partner. Rows include Consultant, Speaker's Bureau, Grant/Research Support, Stock Shareholder, Honoraria, Full-time/part-time Employee, and Other (Describe).

[] NO, I have no relevant personal financial relationship.

Declaration

I will uphold the Essentia Health Office of Continuing Medical Education continuing educational standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.

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).

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.

Glossary of Terms

Commercial Interest: The Minnesota Medical Association (MMA) defines a "commercial interest" as any proprietary entity producing health care goods or services consumed by, or used on patients, with the exemption of non-profit or government organizations and non-health care related companies.

Financial relationships: Financial relationships are those relationships 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. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. MMA considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships: MMA focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. MMA has not set a minimal dollar amount for relationships to be relevant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The MMA defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

Thank you for completing this form. Please return to:

External:

CME Office/OL&D
407 East Third St. (SSB5)
Duluth, MN 55805

Internal:

CME Office - SSB5
(phone) 218-786-4430 Option #3
(fax) 218-786-4273

Review Process & Resolution of Possible Conflict of Interest (For Office Use Only)

Risk Assessment: NONE LOW HIGH

Relevant Factors: Relationships Previous Evaluation Data Topic Area

Referred to:

Director of Medical Education (DME) **Name:** _____

Course Director **Name:** _____

Planning Committee Member **Name:** _____

Other **Name:** _____

Determination:

Financial relationship relevant? NO YES

Proposed Action (if relationship determined to be relevant):

Conduct effective peer review of content (independent review of presentation/slides; facilitated by DME)

Require presenter to reference best available evidence (executed by DME)

Alter program design to ensure fair and balanced treatment or topic (e.g., include non-pharmacological, panel discussion, Q&A time)

Utilize methods described in SMDC Policy #A0155 for Conflict of Interest, Management, and Governance to resolve the conflict

Refer to SMDC Chief Compliance Office

Other (please explain): _____

Signature: _____ **Date:** _____

Final Outcome:

Notes: