

The 4<sup>th</sup> Annual Trauma Spectrum Conference

**FACULTY & PLANNER DISCLOSURE FORM**

Please return to Brandy Walker, Experient, CTR ([brandy.walker@experient-inc.com](mailto:brandy.walker@experient-inc.com))  
by October 11, 2011.

Your Name: \_\_\_\_\_

Title of Activity: \_\_\_\_\_ The 4<sup>th</sup> Annual Trauma Spectrum Conference

Date of Activity: Dec. 8-9, 2011

\* Per ACCME requirements, persons who fail to sign and return this form are not eligible to be involved with this activity.

**#1. Disclosure of Financial Relationships:**

List the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which **you or your spouse/partner** have, or have had, a relevant financial relationship within the past 12 months\*\*. For the purposes of this form, we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours also.

**DISCLOSE ONLY WHERE THE RELATIONSHIP IS ASSOCIATED WITH THE CONTENT OF THIS ACTIVITY**

With respect to this CME activity (check one):

No, I do not have a relevant financial relationship. (Proceed to #2)

Yes, I do have a relevant financial relationship. (Provide information below; proceed to #2)

Nature of Relevant Financial Relationship (choose all the apply)	NAME OF COMPANY (s)	Is this relationship relevant to this activity?	
		Yes	No
<i>Consultant</i>		Yes	No
<i>Speaker's Bureau</i>		Yes	No
<i>Grant/ Research Support (Secondary Investigators need not disclose)</i>		Yes	No
<i>Stock Shareholder (self-managed)</i>		Yes	No
<i>Honoraria</i>		Yes	No
<i>Other (describe):</i>		Yes	No

**#2. Disclosure of Off-Label and/or Investigative Uses:**

If, at any time during my educational activity I discuss an off-label/investigative (unapproved) use of a commercial product/device, I understand that I must provide disclosure of that intent.\*\*

**With respect to this CME activity (check one):**

**No, I do not intend to discuss an off-label/investigative use of a commercial/product/device.**

(Proceed to #3)

**Yes, I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s).**

(Provide information below; proceed to #3)

Manufacturer(s)/Product(s): \_\_\_\_\_

Product(s)/Device(s): \_\_\_\_\_

**#3. 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).

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

**PLEASE REVIEW SLIDE REQUIREMENT INFORMATION**

**\*\*SLIDE DECK REQUIREMENT**

If you are presenting at the CME activity, ***please enter your disclosure information into your slide deck on the second slide.***

The order of your slide deck should be:

Title (first slide)

Disclosure information (second slide)

- If you do not have a relevant financial relationship then you would simply state, "I have no relevant financial relationships to disclose".
- If you do have a relevant financial relationship then you need to state the relationship and the company (not the product). Example: "I am a consultant with xxx company and I have received research grant funding from xxx."
- If you are intending on discussing a product or device that is not FDA approved for the use under discussion or if it is still under investigation you need to also put that information on slide two. Example: "I intend to discuss off-label/investigative uses of the following commercial product(s)/device(s):"

## Glossary of Terms

**Commercial Interest:** The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, 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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Relevant financial relationships:** ACCME focuses on financial relationships with commercial interests during the 12-month period preceding the time that the individual is asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in *any* amount is the incentive to maintain or increase the value of the relationship. The ACCME 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.