Conflict of Interest Disclosure & Attestation Form

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role in Activity:** Planning Committee Member  Presenter  Moderator  Author/Editor

**Presentation Title(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Activity:** \_\_May 15, 2020\_

**Activity Name:**  **\_\_\_36th Annual Congress of Clinical Rheumatology Poster Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In compliance with the ACCME Standards for Commercial Support of Continuing Medical Education, it is the policy of UHS Professional Education Programs/VCU Health CME to ensure balance, independence, objectivity, and scientific rigor in all sponsored activities. All persons involved in the planning, and all faculty presenters (including moderators, authors and editors) are expected to disclose relevant financial relationships described below. Failure or refusal to disclose will prohibit participation in the planning of and/or presenting during the activity.

**During the past 12 months, have you or your spouse/partner had a personal financial relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.**

**YES** *(complete Steps 1-3 below)* **NO** *(skip to signature line)*

**Instructions: *Note if your situation changes this form will need to be updated and resubmitted.***

**Step 1.** List commercial interests with which you or your spouse/partner either: a) have a relevant financial relationship now, or b) have had a relevant financial relationship during the past 12 months. ***A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.***Non-profit companies, non-health care related companies and governmental organizations do NOT need to be included.

**Step 2.** Describe your role in relation to the commercial interest(s) listed.

**Step 3.** Describe what you or your spouse/partner received (ex: salary, honorarium etc). The amount received is not required.

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| **Step 1: Commercial Interest** | **Nature of Relevant Financial Relationship** (attach an additional sheet if necessary) | | |
| **Step 2: Role** | | **Step 3: What Was Received** |
| ***Example: Company ‘X’*** | ***Example: Speaker*** | | ***Example: Honorarium*** |
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| **By signing below, I attest to the following statements:** | | | |
| **Planners:**  To the best of my ability, my financial relationships with commercial interests will not affect any speakers or content over which I exert control. I will recuse myself from planning activity content if this cannot be achieved.  **Presenters:**  I will support my presentation and clinical recommendations with the best evidence available from all sources.  I will not make any clinical recommendations regarding products or services. I will not include any advertising, trade names, company logos or product-group messages in my educational materials. If it is necessary to use a trade name, then those of several companies will be used.  I will provide my presentation and materials in advance for peer review if requested by VCU Health CME.  I will not use any images without permission.  I will comply with requirements associated with protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).  If my presentation pertains to patient treatment, I will protect the privacy of patients discussed in my presentation(s). I will obtain written authorization from the patient and remove any identifiable images or patient records from my presentation. | | | |
| **By signing below, I affirm:** | | | |
| I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity and I will support content and clinical recommendations with the best evidence available from all sources. I agree to comply with the ACCME Standards for Commercial Support of Continuing Medical Education as well as requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). | | | |
| **Signature:** | | **Date** | |
| **Activity Coordinator Signature:** | | **Date** | |

ACCME Standards for Commercial Support

Regarding Independence of CME Activities

UHS Professional Education Programs (UHS-PEP) is accredited by the Accreditation Council for Continuing Medical Education and all activities we plan must meet the ACCME Standards for Commercial Support of Continuing Medical Education and its standards of practice in CME.

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| **Content Validation** | UHS-PEP expects that all of its CME programs will adhere to the ACCME’s content validation value statements.  Specifically, all the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Please contact us if you do not feel your presentation can meet these standards. |
| **Safeguards Against Commercial Bias** | UHS-PEP expects that the content or format of CME activities and related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.  Faculty may not accept any additional payments or reimbursements from any commercial interest for presenting CME activities for UHS-PEP.  In addition, CME must give a balanced view of therapeutic options. Use of generic names is expected wherever possible. |
| **Educational Materials** | Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages. |
| **Conflicts of Interest** | Your relevant financial relationships, if any, will be disclosed to the learners prior to the activity. In addition, with your assistance we may employ one or more strategies to ensure the absence of commercial bias, including advance peer review of slides and syllabus material. UHS-PEP will be seeking feedback from learners on the effectiveness of the activity and whether any bias was perceived. |