

UHMS DISCLOSURE FOR ALL INDIVIDUALS IN CONTROL OF EDUCATIONAL CONTENT

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To be completed by education staff. Name of Individual:		0		role(s) in education (s) that this person may have in this education (choose all that	
Title of Continuing Education:			Planner Examples: planning committee, staff inv	volved in choosing topics, faculty, or content	
			Teacher, Instructor, Faculty		
Date and location of Education:			Author, Writer		
			Reviewer		
	-		Other		
As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to pday@asma.org .					
The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at 919-490-5140 x102.					
To be Completed by Planner, Faculty, or Others Who May Control Educational Content					
Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). 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, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.					
Yes No - Are you an employee/owner of an ACCME-defined Ineligible Company? {Employees and owners of ineligible companies are excluded from participating as planners, faculty, or other roles unless the educational activity meets one of the three rare ACCME exceptions. Your role and content must be reviewed and resolved through the Education Committee prior to the start of the educational program to determine if you fit within the three rare ACCME exceptions. If this condition is not met, you will be recused of having a role in this activity}. Visit the following link for examples of ineligible companies: https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/eligibility Please list the company(ies) you own or are employed by (also includes contracted employment) below:					
Enter the Name of Ineligible Company	Enter the Nature o	f Finar	ncial Relationship	Has the Relationship Ended?	
An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.	beneficiary, executive r stocks and stock optior mutual funds do not ne Research funding from	advisor, ontracted role, and ns should eed to be ineligible oal or na	speaker, independent research), royalties or patent ownership interest. Individual d be disclosed; diversified e disclosed. e companies should be med investigator even if that	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.	
Example: ABC Company	Consultant			Х	
In the past 24 months. I have not h	ad any financial rala	tionshir	ne with any inclinible compan	ies	
In the past 24 months, I have not had any financial relationships with any ineligible companies.					



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Please read the following statements carefully and attest you will comply with each of these relevant to your role with a UHMS approved educational program.

- The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of an ineligible company. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased. Trade names should be avoided, but if a trade name must be used, trade names from all available companies will be included for fair representation.
- 2. I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the Course Director.
- 3. I understand that the Course Director/Education Committee may need to review my lecture and/or content prior to the activity and I will provide educational content and resources in advance as requested.
- 4. If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported or
- 5. used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
- 6. If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- 7. If I have been trained or utilized by an ineligible entity or its agent as a speaker (e.g., speaker's bureau) for any ineligible company, the promotional aspects of that presentation will not be included in any way within my lecture.
- 8. If I am presenting research funded by an ineligible entity, the information presented will be based on generally accepted scientific principles/ methods and will not promote the ineligible entity of the funding company.
- 9. I have disclosed all relevant financial relationships prior to my role, and I will disclose this information to learners verbally and on a title PowerPoint slide/verbally prior to the start of my presentation that I do not have any financial relationships to disclose or if I do, I will disclose the relationship and its nature prior to the activity. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.
 - a. If there are NO relevant financial relationships: Inform learners on a disclosure slide that, "I have no relevant financial relationships with ineligible companies."
 - b. If there ARE relevant financial relationships: Disclose your name, name of the ineligible company(ies) with which you have a relevant financial relationship(s), the nature of the relationship(s), and a statement that all relevant financial relationships have been mitigated.

I attest that the above information is correct as of this date of submission	l.
Signature	Date