

Conflict Disclosure Form



Name of Activity	
Name <i>(please print)</i>	
Affiliation	
For Office Use Only	Request By: Amount: Approval:

Purpose: The information you provide addresses requirements to help ensure independence in IAS Activities. Everyone in a position to control the content of an Activity must disclose all relevant financial relationships with commercial interests to both the IAS and/or any CME/CE provider. Both the IAS and CME/CE provider must resolve current conflicts of interest and disclose any conflicts to participants or other attendees prior to the beginning of the activity.

Definition: All persons who may impact the content of a CME or IAS activity, including faculty and planners, are required to fully disclose current and recent financial relationships with commercial interests. A conflict of interest may be considered to exist if such person or their spouse or partner has financial relationships with the grantor or any commercial interest(s) that may have a direct impact on the content of the program. Financial relationship is defined as being a shareholder, consultant, grant recipient, research participant, employee, and/or recipient of other financial or material support. Recent is defined as the past 12 months. The participants in this CME activity must be made aware of any such financial relationship(s). This disclosure policy is intended to protect all parties involved from any potential conflict of interest that may arise.

Disclosure, (check one):

- No**, I have **no** relevant personal financial relationship(s).
- Yes**, I have both a financial relationship with a commercial interest (or my spouse/partner does) **and** the opportunity to affect the content related to the products and services of the commercial interest (*you may type directly into this table; for more space, please use the "overflow" form on page 3*).

Nature of Financial Relationship	Name of Company(s) – Self	Company(s) – Spouse/Partner
Consultant/Independent Contractor		
Grant/Research Support		
Honoraria		
Speaker's Bureau		
Stock Shareholder		
Other/Royalty <i>(describe below):</i>		

I attest this annual disclosure is correct and complete and will provide any updates/changes to the status of this information during the next year or as requested.

Signature _____ **Date** _____

EDUCATION CONTENT AGREEMENT FORM

As a faculty member, planner, staff manager or reviewer of Activities or event including Continuing Medical Education/Continuing Education activity(ies), I understand and agree to the following:

Meeting stated objectives:

I agree that my participation in educational activity(ies) will support the stated learning objectives.

Meeting standards of commercial support:

The Commercial Support Standards (copy available on request) require that:

1. The content or format of the educational activity or its related material **must** promote improvements or quality in healthcare and not a specific proprietary business interest or commercial interest.
2. Content **must** give a balanced view of therapeutic options. Use of generic names will contribute to its impartiality. If the content includes trade names, available trade names from several companies should be used, not just trade names from a single company.

I agree to develop and present content that is free from commercial influence, based upon scientific methods generally accepted by the medical community, and only for educational and scientific purposes.

Providing of content:

I agree to provide adequate content material prior to the educational activity(ies) to enable an independent review by IAS or CME/CE accreditor to ensure content will meet stated learning objectives and is free from commercial bias.

Signature: _____ Date: _____

Printed Name: _____

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Please use this “overflow” form if your disclosures did not fit in the table on page 1.

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