

Date Submitted: _____

Activity Title	
Activity Date	

Contact Information	
Name With Credentials/Degree	
Email	
Phone Number	
Current Employer and Position Title	

Role in Education Activity: (Click All That Apply)

☐ Planning Committee
 ☐ Teacher, Instructor, Faculty
 ☐ Author, Writer
 ☐ Content Reviewer
 ☐ Other: _____

ACCME Standards for Integrity and Independence in Accredited Continuing Education
<p>The ACCME Standards for Integrity and Independence in Accredited Continuing Education require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Please answer the following questions regarding any relevant financial relationships you may have as a planner, faculty member or person in control of educational content.</p> <p><u>INELIGIBLE COMPANY</u></p> <p>An ineligible company, as defined by the ACCME Standards for Integrity and Independence in Accredited Continuing Education, is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</p> <p><u>FINANCIAL RELATIONSHIP</u></p> <p>Examples of financial relationships include: employee, researcher, consultant, advisor, speaker, independent contractor, royalties or patent beneficiary, executive role and ownership interest.</p>

IN THE PAST 24 MONTHS, HAVE YOU HAD A RELEVANT FINANCIAL RELATIONSHIP WITH ANY INELIGIBLE COMPANIES? <u>Please Check YES or NO and follow the steps:</u>	
Yes **IF YES - Please COMPLETE SECTION 1 AND THEN SIGN and SUBMIT DOCUMENT	No **IF NO- Please SIGN and SUBMIT DOCUMENT

Section 1		
List the Name of the Ineligible Company:	List the Nature of the Financial Relationship	Relationship exist in past 24 months but now ended? Mark box below.
Company A:		
Company B:		
Company C:		
Company D:		

ELECTRONIC SIGNATURE REQUIRED	
<p>I ATTEST THAT THE ABOVE INFORMATION IS CORRECT AS OF THIS DATE OF SUBMISSION.</p>	
<p>_____</p> <p>Electronic Signature: Name and Credentials Required</p>	<p>_____</p> <p>Date</p>