



Office of Lifelong Learning

Financial Interest Disclosure and Attestation Form

As an accredited ACCME provider, MMC must ensure balance, independence, objectivity, and scientific rigor in all its directly sponsored or jointly sponsored educational activities. All speakers, planners, authors, and activity directors participating in an educational activity must disclose to the audience any financial relationship (including “in-kind” support) (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity. 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:**

Are financial relationships with commercial interests (in any amount) occurring within the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity that create a conflict of interest.

\*When an unlabeled use of commercial product, or an investigational use not yet approved for any purpose is discussed the speaker must disclose that the product is not labeled for the use under discussion or that the product is investigational.

TITLE OF ACTIVITY: \_\_\_\_\_

DATE: \_\_\_\_\_ PRESENTER/FACULTY NAME: \_\_\_\_\_

TITLE OF PRESENTATION: \_\_\_\_\_

**Directions:** Please check those that apply, adding explanations when appropriate, and sign at bottom of the form.

- NO – I do not have** financial or other relationships with the manufacturer(s) of any commercial product(s) or provider(s) of any commercial service(s) discussed in this educational activity.
- YES – I do have a** financial/other relationship with the manufacturer(s) of commercial product(s) or provider(s) of commercial service(s) discussed in this educational activity.

Please indicate ALL such relationships below:

Affiliation/Financial Interest	Manufacturer or Service Provider	Nature of Relationship (e.g., employee, consultant, research grant recipient, speakers' bureau, stockholder, etc.)	I have divested myself (or my spouse/partner has divested himself/herself) of this relationship within the last 12 months.
Grant/Research Support		___ Yes ___ No	
Consultant		___ Yes ___ No	
Speaker's Bureau		___ Yes ___ No	
Major Stock Shareholder		___ Yes ___ No	
Other Financial or Material Support		___ Yes ___ No	

- My presentation will include discussion of **off-label, experimental and/or investigational use of drugs or devices (please indicate drugs and/or devices in the space provided):**

\_\_\_\_\_  
\_\_\_\_\_

- I agree that as a principle, the use of generic names for drugs is preferred in presentations and discussions.
- I also understand that it is my responsibility to disclose to participants before my presentation any provider relationship with the manufacturer of products or devices discussed in my presentation and to disclose any relationship I have with commercial supporter(s).
- My presentation/participation will be unbiased and free of commercial influence and based on the stated purposes and objectives of the program and the identified educational needs of the target audience.

**Speaker/Presenter Attestation Statement**

Accredited providers are responsible for validating the clinical content of continuing education activities that they provide.

Specifically:

- Yes  No 1. I attest to Meharry Medical College that all recommendations involving clinical medicine in the educational activity that I am presenting are based on evidence that is accepted within the profession of medicine as adequate justification for the indications and contraindications in the care of patients.
  
- Yes  No 2. I attest to Meharry Medical College that all scientific research referred to, reported or used in this activity is in support or justification of patient care recommendation and must conform to the generally accepted standards of experimental design, data collection and analysis.
  
- Yes  No 3. I attest to Meharry Medical College that my educational activity does not promote recommendations, treatments or manners of practicing medicine that are not within the definition of continuing medical education, or are 2) known to have risks or dangers that outweigh the benefits, or are 3) known to be ineffective in the treatment of patients.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
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