

|  |  |
| --- | --- |
| **RSS Number****(if applicable)** |  |

**To be completed by all individuals in control of CME content, including speakers, planners, teachers, authors, for example.**

|  |
| --- |
| **Date of this disclosure:**  |
| **Last Name:**  | **First/Middle Name:** |
| **Institution:**  | **Academic Title:** |
| **Department:**  | **Division:**  |
| **Email:**  |

**Commercial Interest:**  Any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by or used on patients. (Exception: providers of clinical services directly to patients, government organizations or non-healthcare related companies.) Any dollar amount constitutes a relationship.

[ ]  I and my spouse/partner *have NO* financial relationships within the last 12 months to disclose. (Continue to certification boxes.)

[ ]  I and/or my spouse/partner *have* financial relationships within the last 12 months to disclose. (Please check the categories below and list the names of the commercial interests.)

List of Financial Relationship(s)

[ ]  Research Support/Grants (includes Principal Investigator or anyone named in the grant):

|  |
| --- |
|  |
|  |

[ ]  Consulting/Advisory Committees:

|  |
| --- |
|  |
|  |

[ ]  Employment/Salary:

|  |
| --- |
|  |
|  |

[ ]  Ownership Investment - Stock Equity, Options or directly purchased stock (excluding mutual funds):

|  |
| --- |
|  |
|  |

[ ]  Speakers' Bureaus/Honoraria:

|  |
| --- |
|  |
|  |

[ ]  Other Relationships (Ie. Royalties, Paid member of committees, panels or boards, etc.):

|  |
| --- |
| Please identify or list: |
|  |

CERTIFICATIONS:

[ ]  By checking this box I certify that I understand the directions of this disclosure and have disclosed fully all of my and/or spouse/partner’s financial relationships as requested herein.

[ ]  In presenting a lecture or presentation for a Continuing Medical Education course I agree to comply with the requirements associated with protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When complete, please return to the person who requested it. 5/2014



**CME Standards of Content Agreement**

### As a provider accredited by the ACCME, Washington University must ensure balance, independence, objectivity and scientific rigor in all of the continuing medical educational activities that it accredits. The content or format of CME activities and related materials must be crafted to promote improvements in quality of healthcare and not to promote proprietary business or commercial interest.

**As a planner/independent reviewer for this CME activity, I understand and am willing to comply with the following standards of content:**

* The agenda will not promote or unfavorably present the product or service of a pharmaceutical or medical device company.
* The agenda will provide a balanced view of therapeutic options that includes pharmacological, invasive, surgical, or non-pharmacological approaches.
* Selection of faculty will be based on their level of expertise, not of their relationships with specific companies.
* I have not/will not accept payment for participation in this activity except from the CME provider or authorized representative.
* Selection of topics and content will be done to serve the public interest by improving the quality of healthcare.

**As a presenter/moderator for this CME activity, I understand and am willing to comply with the following standards of content:**

* Any clinical recommendations will be based on the best available evidence.
* Sources and limitations of data and off-label use will be disclosed.
* All scientific research referred to will conform to the generally accepted standards of experimental design, data collection, and analysis.
* CME content will be free of commercial bias.
	+ No product, service, or therapeutic option will be over-represented when comparing competing products, services, and therapeutic options. Generic names are preferable. If trade names are also used, they should be provided for all products discussed rather than for a single product only. Logos from commercial interests are not permitted on any course materials including presentation slides. Use of company-prepared slides in a CME activity is not permitted.
* I have not/will not accept payment for participation in this activity except from the CME provider or authorized representative.
* Selection of content will be done to serve the public interest by improving the quality of healthcare.
* I will follow Washington University HIPAA guidelines as posted here: <http://informationsecurity.wustl.edu/>
* I will adhere to Washington University copyright policies as posted here:

<https://wustl.edu/about/compliance-policies/intellectual-property-research-policies/copyright-information/>

* My CME activity presentation/materials may be prospectively peer-reviewed for fair balance and validation of content and may require editing.

**ACCME Content Validity Values Statement**: All 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 contra-indications 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.

* I agree to follow the above stipulations as they pertain to my role in this activity. I have read and will abide by the ACCME Content Validity Values Statement above.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Submission**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5/2016