



Florida Medical Association

FLORIDA MEDICAL ASSOCIATION

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FOR PLANNERS, REVIEWERS, FACULTY, AND AUTHORS

All persons who influence the content of CME activities are required to disclose relevant financial relationships with any ineligible companies. This includes planners, activity directors, presenters, authors, and administrative staff who participate in the design and development of content, as well as CME Committee members and reviewers who vet and approve proposed content. The intent of this form is to inform planners/presenters/reviewers of their obligations and to support the FMA in mitigating potential conflicts of interest (COI), thus assuring balance, independence, objectivity and scientific rigor in all accredited content.

Name: _____ Planner Activity Director Presenter/Author Reviewer

Title of Activity/Topic: _____

Activity Date: _____ Date this form completed: _____

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Do you (now or within the past 24 months) have a financial relationship with an ineligible company?* Yes No

* You must disclose all financial relationships regardless of your view of their relevance to the content being planned/presented.

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Employee	_____	_____
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By checking this box and submitting this form, you agree to comply with the following conditions:

1. If I have reported a financial relationship with an ineligible company, I understand that this information will be reviewed to determine whether this relationship precludes my participation, and I may be asked to provide additional information.
2. I will update my disclosure information should anything change.
3. Failure/Refusal to disclose, false disclosure, or inability to mitigate COI will disqualify me from participating in this activity.
4. I will support my presentation and clinical recommendations with the best available evidence from current medical literature. All scientific research referred to, reported or used in support or justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection and analysis.
5. I will give a balanced view of ALL therapeutic options and use generic names when discussing pharmaceutical products.
6. I will not advocate for or promote practices that are not, or not yet, adequately based on current science, evidence and clinical reasoning.
7. I will disclose unlabeled use of a product or an investigational use of a product not yet approved by the FDA.
8. I have not nor will I accept any honorarium/special payments from ineligible companies for my participation in this activity.
9. I will not promote or sell products (e.g. books) or services that serve my professional or financial interests during my presentation.

Sign/type your name: _____

GLOSSARY OF TERMS:

- **INELIGIBLE COMPANY** is defined as any entity whose primary business is producing, marketing, re-selling, or distributing health care goods or services used by or patients. Entities that provide clinical service directly to patients are exempted.
- **FINANCIAL RELATIONSHIPS** are defined as those in which a person benefits by receiving a tangible financial benefit (e.g., salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds). Financial benefits are usually associated with roles such as employment, management positions, independent contractor, consulting, speaking and teaching, membership on advisory committees or review panels, board memberships, and other activities from which remuneration is received, or expected.
- **RELEVANT financial relationships** are those in any amount occurring within the past 24 months that potentially create a **CONFLICT OF INTEREST** because an individual has an opportunity to influence CME content that relates to the products or services of the ineligible company with which he/she has a financial relationship. It is the obligation of the CME provider to determine relevance.

Return this form to the individual or organization that requested your participation.

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