



Disclosure of Relevant Financial Relationships with Commercial Interests

- In compliance with the Ohio State Medical Association’s (OSMA) Policy for Commercial Support for CME, The Metro-Health System has implemented a process where everyone who is in a position to control the content of a CME education activity must disclose all relevant financial relationships with any commercial interest.
- Relevant relationships include financial relationships in any amount, including financial relationships of your spouse or partner, within the 12 months prior to the educational activity, with an ACGME-defined commercial interest that relates to the content of the educational activity. Examples include receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers’ bureau, stock ownership or options.
- A commercial interest is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. For additional information about commercial interests, please visit the Accreditation Council for Continuing Education.
- Any conflict of interest existing as a result of a relevant financial relationship must be resolved prior to the activity. Failure to disclose relevant financial relationships will result in disqualification from being part of the planning and implementation of a CME activity. Disclosure information will be provided in the handout material to the audience prior to the presentation.

CID#

Activity Date:

Name of person completing form:

Title of presentation (if applicable):

CME Activity Role (click one):

Presenter

Planning Member

CME Committee Member

Other

Instructions

1. List any commercial interests (as defined above) with which you or your spouse/partner have, or have had within the last 12 months, a relevant financial relationship (as defined above).
2. Describe what you or your spouse/partner receive(d) (e.g., salary, honorarium, etc.). The MetroHealth System does NOT want to know how much you received.
3. Describe your role.

1. Commercial Interest Name	2. What Was Received	3. For What Role

***If no relevant financial relationships exist for you or your spouse/partner, check the box below:

I have no relevant financial relationship with any commercial interests related to the content of this activity.

Any off-label use of medications or devices discussed in your presentation must be disclosed to attendees in advance of the program/activity:

I will not discuss any off-label uses of medications or devices in my presentation.

I will discuss the following off-label uses of medications or devices (list below or on a separate sheet of paper).

Off-label products I will discuss:

Signature:

Date:

****Note that all relevant financial relationships, as well as absence of financial relationships, will be disclosed to the audience in advance of the educational activity.****

CONFLICT RESOLUTION STATEMENT FORM

To be completed by all persons in control of educational content ONLY IF a relevant financial relationship exists (see definitions above).

If you have disclosed a relevant financial relationship pertaining to your involvement in this CME activity and believe that this relationship will/might constitute a conflict of interest, please check one of the following potential mechanisms to resolve the conflict of interest.

If none of these reasons are applicable, this does not necessarily mean that you will be unable to participate in the CME activity - The CME Office will contact you further to discuss your participation.

I will change the content of my presentation to ensure there is no reference to the products or services of the commercial interest that is the basis of the conflict of interest.

I will use best available published scientific evidence to support my presentation. Must list (or attach) evidence/studies cited:

I will submit my presentation content/slides (attached) for peer review to ensure content is valid and appropriate.

I am unsure how to resolve my potential conflict of interest, please contact me.

Signature

Date

CME Committee:

I have reviewed this Disclosure Form and conclude there is no Conflict of Interest.

I have reviewed the proposed Conflict Resolution and conclude the mechanism is appropriate to resolve the identified/potential Conflict of Interest.

After review of this Disclosure Form, the following action(s) is/are necessary to be completed prior to the educational activity presentation:

CME Committee Member Signature

Date