

PLEASE COMPLETE PAGES 2, 3 & 4 AND RETURN

## **CE/CME Disclosure & Attestation for Presenters/Faculty/Planning Committee**

We are pleased that you are willing to participate in Ascension Care Excellence/Ascension Health sponsored Continuing Education and/or Continuing Medical Education activity. We seek to provide needs-based educational opportunities to improve healthcare quality.

### **CE/CME ACTIVITY CONTENT STANDARDS:**

Ascension Care Excellence/Ascension Health requires that the content of Jointly Accredited activities and related materials provide balance, independence, objectivity and scientific rigor. Planning must be free of the influence or control of a commercial interest and must promote improvements or quality in healthcare.

Regarding CE/CME content, it is the policy and expectation of Ascension Care Excellence/Ascension Health that:

- All recommendations involving clinical medicine be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in this activity in support of justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection and analysis.

When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several companies must be used.

### **DISCLOSURE & ATTESTATION:**

Ascension Care Excellence/Ascension Health has implemented a process for obtaining disclosure of all relevant financial relationships with any commercial interest by those in a position to control an education activity's planning, approval or content.

**According to the ACCME's Standards of Commercial Support, Conflicts of interest occur when an individual has an opportunity to affect CE/CME content about the products or services of a commercial interest with which he/she has a financial relationship.**

The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. (See Glossary at end for additional definitions of terms).

Refusal to provide disclosure and attest compliance with our CE/CME role statements (page 3) disqualifies one from participating in Ascension Care Excellence/Ascension Health CE/CME activity planning and implementation.

**Please complete pages 2, 3 & 4**  
**COMPLETE AND SCAN BACK TO**  
email: [lisa.davis2@ascension.org](mailto:lisa.davis2@ascension.org)

Planner or Presenter Name:

\_\_\_\_\_

CE/CME Role(s):

- ☐ Activity presenter, moderator, panelist, other faculty role
- ☐ Course Director
- ☐ CE/CME activity planner
- ☐ Ascension CE Committee member
- ☐ Content Reviewer
- ☐ Content Expert
- ☐ Other (Please Describe):

Title of CE/CME Activity or Regularly Scheduled Series:

\_\_\_\_\_

Conflicts of interest develop when an individual has an opportunity to affect CE/CME content about the products or services of a commercial interest with which he/she has a financial relationship.

### **PART 1: DISCLOSURE**

**\*\*If you are an Ascension Care Excellence/Ascension Health staff who expects to speak at or plan more than one CE/CME session over the year: Please disclose and attest regarding all relationships in order to encompass any individual session's subject content.**

Does your presentation include discussion of any commercial products or services? ☐ Yes ☐ No

Will you discuss any non-FDA approved uses of products/providers of services? ☐ Yes ☐ No

This activity is supported by an educational grant from \_\_\_\_\_

\_\_\_\_\_ Within the past 12 months I, the undersigned, or my spouse/partner *do have/has* a relevant financial arrangement or affiliation with the organizations/companies/entities noted below. (We consider the relevant financial relationships of your spouse or partner as your own.)

☐ I and my spouse/partner have *NO* relevant financial relationships with any commercial interests. **Skip to Part 2**

Commercial Interest*	Nature of Relevant Financial Relationships (Include all those that apply)	
	Role(s) & What I Received There is no need to disclose actual financial value of any affiliation	Specific Clinical Areas/Topics that Correspond to the Relationship
Check Appropriate Boxes	Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY (from today's date) Include significant spousal/life partner relationships	Indicate Applicable Manufacturer(s) WITHIN THE PAST 12 MONTHS ONLY
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Receipt of Intellectual Property Rights / Patent Holder	
<input type="checkbox"/>	Consulting Fees (e.g., advisory boards)	
<input type="checkbox"/>	Fees for Non-CE/CME Services Received Directly from Commercial Interest or their Agents <sup>1</sup> (e.g., speakers' bureaus)	
<input type="checkbox"/>	Contracted Research	
<input type="checkbox"/>	Ownership Interest (stocks, stock options, or other ownership interest excluding diversified mutual funds)	
<input type="checkbox"/>	Other	

If your reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation? ☐ NO ☐ YES

**\*Definition:** A **commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

\_\_\_\_\_

**PART 2: UNLABELED/UNAPPROVED DRUGS**

Do you intend to reference unlabeled/unapproved uses of drugs or products in your presentation?

☐ **No – Skip to Part 3 Below.**      ☐ **Yes – Provide the names of the drugs or products you will reference below:**


**PART 3: ATTESTATION**

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree    Disagree

○	○	<p>I have disclosed to Ascension Care Excellence/Ascension Health all relevant financial relationships. If I am a presenter for a lecture/didactic session, I will also disclose these relationships to learners (verbally, through a slide, etc.), so they may form their own opinions as to possible bias in either exposition or conclusion.</p> <p>I am aware Ascension Care Excellence/Ascension Health will disclose this information to learners through additional means and, where evaluation forms are used, ask participants to indicate their opinions regarding possible bias.</p>
○	○	<p>Should I be involved in Ascension Care Excellence/Ascension Health CE/CME topic or content development and/or presentation of information, my involvement will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Ascension Health content with which I am involved, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.</p>
○	○	<p>I will not accept honoraria, payments or reimbursements related to Ascension Care Excellence/Ascension Health CE/CME, unless agreed upon directly with Ascension Health.</p>

**PLANNERS, CE COMMITTEE MEMBERS, CONTENT REVIEW, ETC. - Skip Below – Sign and Date**

**PRESENTERS, MODERATORS, PANELISTS, OTHER FACULTY: PLEASE CONTINUE.**

Agree    Disagree    N/A

○	○	<p>I understand that Ascension Care Excellence/Ascension Health may request to review my presentation and/or content prior to the activity. I will provide educational content and resources in advance if requested.</p>	
○	○	<p>I understand that participants may be asked to evaluate whether my contribution to a CE/CME event(s) is educational, and not promotional, in nature.</p>	
○	○	○	<p>If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.</p>
○	○	○	<p>If I am providing patient care recommendations, all supporting scientific research I use, report or to which I refer, will conform to the generally accepted standards of experimental design, data collection and analysis.</p>
○	○	○	<p>If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available and not just trade names from any single company.</p>
○	○	○	<p>If I have been trained or used as a speaker by a commercial entity or its agent (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.</p>
○	○	○	<p>If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.</p>

**My signature below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information. I am aware that financial disclosure information provided on page 1 of this form will be shared with learners prior to their engagement in this CE/CME activity.**

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

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

HIPAA COMPLIANCE: Patient case discussions must use blinded, de-identified patient information only.

Again, thank you for agreeing to work with us in this CE/CME activity. We look forward to its making an important contribution to the continuing professional development of our learners and to your professional practice.

Sincerely,

Ascension Care Excellence/Ascension Health  
CE Department

### Glossary of Terms

#### Commercial interest

The ACCME defines a **commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

#### Financial relationships

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 for which remuneration is received or expected. ACCME considers relationships of the person involved in the CE activity to include relationships of a spouse or partner.

#### Relevant financial relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period before the time that the individual is being asked to assume a role controlling content of the CE/CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant” financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

#### Conflict of interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CE/CME content about products or services of a commercial interest with which she/he has a financial relationship.

