

**Disclosures to the audience are required at CME events.  
Disclosures may be made verbally, in a slide or as a handout.**

1. Financial Disclosure

***“Within the past twelve months, I have not had any financial relationships with the manufacturers of health care products.”***

OR

***“My financial relationships with the manufacturers of health care products include the following:” (List companies and nature of relationship. For example, Aventis, Speakers’ Bureau, Pfizer, Consultant.)***

2. For discussion of off-label or non-FDA approved or investigative use of a commercial product or device.

***“I WILL NOT discuss any pharmaceuticals, medical procedures, or devices that are investigational or unapproved for use by the FDA.”***

OR

***“I WILL BE DISCUSSING pharmaceuticals, medical procedures, or devices that are investigational or unapproved for use by the FDA.” (List them.)***

## **VERIFICATION FORM FOR VERBAL DISCLOSURE TO ATTENDEES AT CME ACTIVITIES**

Relevant to Standards for Commercial Support, (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply ACCME (Accreditation Council for Continuing Medical Education) with written verification, **submitted within one month of the activity date**, that appropriate verbal disclosure occurred at the activity.

With respect to this written verification, please complete item **A** or **B** below.

A representative of the RSS who was in attendance at the time of the verbal disclosure must attest, in writing:

NAME OF ACTIVITY/PROGRAM: \_\_\_\_\_

DATE OF ACTIVITY/PROGRAM: \_\_\_\_\_

**a. I attest that verbal disclosure was given prior to the program, and the specific content of that disclosure was:**

\_\_\_\_\_

**b. I attest that a verbal disclosure, stating there were no relevant financial relationships to disclose, was made to the audience.**

**PRINTED NAME AND SIGNATURE OF REPRESENTATIVE ATTESTING TO THE  
DISCLOSURE ANNOUNCEMENT TO ATTENDEES:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Slide Disclosure Example

Please use this  
slide in your  
presentation  
(slide 2)

## SAMPLE Disclosure Information for Powerpoint Presentation Speakers Name

1. I have no financial relationships or affiliations to disclose.

OR

2. Under ACCME guidelines:

- a) I have a financial affiliation with \_\_\_\_\_.
- b) I have received financial support or grant monies from \_\_\_\_\_ for \_\_\_\_\_.
- c) I have received an honorarium from \_\_\_\_\_ for giving this presentation.

AND

3. I will not discuss off label use and/or investigational use in my presentation  
OR I intend to reference the following off-label or investigational use of  
drugs or products in my presentation: \_\_\_\_\_



# Handout Disclosure Example

**CME** Continuing Medical Education Activity  
St. Vincent's Health System  
Continuing Professional Education  
CME | CPE

## “Addiction”

### Biologic Disease or Moral & Ethical Decline

#### **SPEAKER:**

Dr. James Harrow, PhD  
Medical Director, MASA

February 9, 2016

(12:00 noon – 1:00 p.m.)

St. Vincent's East - Room 1 & 2



At the end of this activity the learner should be more competent in applying appropriate ethical and confidentiality principles, laws and regulations to the practice of addiction medicine.

#### Learning Objectives

At the conclusion of this activity, participants will be able to :

- Participants will be able to identify various addictions and compulsive behaviors.
- Participants will be able to identify challenges of addressing trauma and addiction.
- Participants will be able to identify ethical issues specific to the field of addiction medicine.

**1** CME  
CREDIT  
HOUR

#### Target Audience

Primary care physicians and clinicians, general psychiatrists and other members of the healthcare team interested in learning more about addiction medicine.

#### Continuing Education

**Accreditation Statement:** St. Vincent's Health System is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

**Credit Designation:** The St. Vincent's Health System designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### Disclosures

##### **Faculty/Course Director/Planners**

STVHS has selected all faculty appearing in this activity. It is the policy of STVHS that all CME planning committees, faculty, authors, editors, and staff disclose relationships with commercial entities upon nomination or invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only those participants who had no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this CME activity.

##### **Conflict of Interest:**

In accordance with the ACCME Standards for Commercial Support, it is the policy of St. Vincent's Health System to ensure balance, independence, objectivity and scientific rigor in all CME activities. Full disclosure of conflicts and conflict resolution will be made in writing via handout materials or syllabus.

**COMMERCIAL SUPPORT:** No commercial support was received for this CME activity.