

**PLEASE COMPLETE PAGES 2 & 3 AND RETURN**

## **CPE Disclosure & Attestation For Presenters/Faculty/Planning Committee**

We are pleased that you are willing to participate in St. Vincent's Health System-sponsored Continuing Professional Education activity. We seek to provide needs-based educational opportunities to improve healthcare quality.

St. Vincent's Health System is accredited by the Medical Association of the State of Alabama to offer continuing medical education to physicians, and has applied to the Accreditation Council for Pharmacy Education (ACPE) to certify activities for pharmacists. As such, we have made the choice to meet the Accreditation Council for Continuing Medical Education's (ACCME) and ACPE expectations for our practice of continuing professional education. We look forward to working together to provide CPE at the highest standard.

### **CPE ACTIVITY CONTENT STANDARDS:**

St. Vincent's Health System requires that the content of CPE activities and related materials provide balance, independence, objectivity and scientific rigor. Planning must be free of the influence or control of a commercial entity and must promote improvements or quality in healthcare.

Regarding CPE content, it is the policy and expectation of St. Vincent's Health System 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:**

St. Vincent's Health System 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. Also St. Vincent's Health System seeks to preserve the CPE participation of all planners and faculty through their attestation to certain statements regarding their role.

**Conflicts of interest develop when an individual has an opportunity to affect CPE 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).

Through your completion of the attached form, we can inform CPE participants about your relevant financial or other relationships and also can move to the next steps in your CPE activity participation. Refusal to provide disclosure and attest compliance with our CPE role statements (page 3) disqualifies one from participating in St. Vincent's Health System CPE activity planning and implementation.

**Please complete pages 2 & 3.**

**FAX or email to: (205) 838-3518    email: [lisa.davis@stvhs.com](mailto:lisa.davis@stvhs.com)**

Planner or Presenter Name: \_\_\_\_\_

CPE Role(s):

- ☐ Activity presenter, moderator, panelist, other faculty role
- ☐ CPE activity planner
- ☐ Medical Staff Education Committee member

Title of CPE Activity or Regularly Scheduled Series: \_\_\_\_\_ ☐ n/a for CPE Committee Member

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

**PART 1: DISCLOSURE**

**\*\*If you are St. Vincent's Health System staff who expects to speak at or plan more than one CPE 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 \_\_\_\_\_

I am personally receiving an honorarium for this activity. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ 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 noted below. (We consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.)

Organization/Commercial Interest	Nature of Relevant Financial Relationships (Include all those that apply)	
	Role(s) & What I Received <small>There is no need to disclose actual financial value of any affiliation</small>	Specific Clinical Areas/Topics that Correspond to the Relationship
Please use additional pages if needed	Examples: Speaker honorarium, fee for consulting, advising, review panel/board membership, etc., salary, royalty, intellectual property rights, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit.	

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

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

## **PART 2: 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

<input type="radio"/>	<input type="radio"/>	I have disclosed to St. Vincent's Health System 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.  I am aware St. Vincent's Health System will disclose this information to learners through additional means and, where evaluation forms are used, ask participants to indicate their opinions regarding possible bias.	
<input type="radio"/>	<input type="radio"/>	Should I be involved in St. Vincent's Health System CPE 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. Any St. Vincent's Health System content with which I am involved, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.	
<input type="radio"/>	<input type="radio"/>	I will not accept honoraria, payments or reimbursements related to St. Vincent's Health System CPE, unless agreed upon directly with St. Vincent's Health System.	
Agree	Disagree	N/A	PRESENTERS, MODERATORS, PANELISTS, OTHER FACULTY: PLEASE CONTINUE. Others please sign and date below.
<input type="radio"/>	<input type="radio"/>		I understand that St. Vincent's Health System may request to review my presentation and/or content prior to the activity. I will provide educational content and resources in advance if requested.
<input type="radio"/>	<input type="radio"/>		I understand that participants may be asked to evaluate whether my contribution to a CPE event(s) is educational, and not promotional, in nature.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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.

**I have carefully read and considered each item above and have responded to the best of my ability.**

**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 CPE activity. We look forward to its making an important contribution to the continuing professional development of our learners and to your professional practice.

Sincerely,

St. Vincent's Health System

## Glossary of Terms

### Commercial interest

The ACCME/ACPE 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/ACPE considers relationships of the person involved in the CPE activity to include relationships of a spouse or partner.

### Relevant financial relationships

ACCME/ACPE focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CPE activity. ACCME/ACPE 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/ACPE 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 CPE content about products or services of a commercial interest with which she/he has a financial relationship.