

Please complete pages 2 & 3.

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

Planner or Presenter Name: _____
CPE/CME Role(s): <ul style="list-style-type: none"> <li>○ CME/CPE presenter, moderator, panelist, other faculty role</li> <li>○ CME/CPE planner: RSS (Regularly Scheduled Series) Planner [Journal Club, Tumor Conf, etc.]</li> <li>○ Other CME/CPE activity planner</li> <li>○ Medical Staff Education Committee member</li> </ul>

Title of CPE/CME Activity or Regularly Scheduled Series: _____ <span style="float: right;">○ n/a for CME Committee Member</span>
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Conflicts of interest develop when an individual has an opportunity to affect CME/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 CME/CPE session over the year: Please disclose and attest regarding all relationships in order to encompass any individual session’s subject content.\*\*

\_\_\_\_\_ 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
Example: Comp 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

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- 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.
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- Should I be involved in St. Vincent's Health System CME/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.
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- I will not accept honoraria, payments or reimbursements related to St. Vincent's Health System CME/CPE, unless agreed upon directly with STVHS.
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**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 CME/CPE activity. We look forward to its making an important contribution to the continuing professional development of our learners and to your professional practice.