



Continue Medical Education

Disclosure of Relevant Financial Relationships

The purpose of this form is to identify and resolve all potential conflicts of interests that arise from financial relationships with any commercial or proprietary entity that produces healthcare-related products and/or services relevant to the content you are planning or developing for this activity. This includes any financial relationships within the last twelve months, as well as known financial relationships of your spouse or partner.

Name: _____ **Role:** Presenter or Planner

Name/Date of Activity: EPIC Breastfeeding Education Program – Various Dates

First, list the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

Second, describe what you or your spouse/partner received (ex: salary, honorarium etc). The Georgia Chapter of the American Academy of Pediatrics will NOT request information on how much you received.

Third, describe your role.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)			
	What was received	For What Role?		
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>		
	I do not have any relevant financial relationships with any commercial interests.			
<div style="display: flex; justify-content: space-between;"> <div>Signature _____</div> <div>Date _____</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> What was received: 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. </div> <div> Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities (please specify). </div> </div>				

Please submit a current copy of your CV / Resume along with this form.

ACCME Glossary of Terms

Commercial Interest: The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

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 from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships: ACCME 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 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 CME content about products or services of a commercial interest with which he/she has a financial relationship.

Speaker Attestation Form

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 Arlene Toole at 404-881-5095 or atoole@gaaap.org, as soon as possible for clarification.

Agree	Disagree	
		I have disclosed to the Georgia Chapter AAP all relevant financial relationships. Additionally, I will disclose this information to learners verbally (for live activities) and in print.
		The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
		I have not and will not accept any honoraria, additional payments or reimbursements from a commercial entity for this presentation.
		I understand that the Georgia Chapter will review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
		I understand that a CME monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature.
		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.
		All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
		If I am discussing specific health care 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.
		If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
		If I have been trained or utilized by a commercial entity or its agent as a speaker (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.
		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 in this form, and have completed it to the best of my ability.

Please print name: _____

Signature: _____ **Date:** _____