

FACULTY DISCLOSURE AGREEMENT FORM

CPME Standard 5; Requirements 5.2, 5.3,5.4 / CPME Standard 8; Requirement 8.2

AHSJHC and ACLES to ensure balance, independence, objectivity, and scientific rigor in all its individually provided or jointly provided educational programs.. This document must be completed by all individuals who have influence over the content of the educational activity (i.e., instructors, course director (s), planning committee, faculty, etc.). Any individual who refuse to disclose relevant financial relationships will be disqualified from influencing continuing education (CE) content and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the activity. The intent of the disclosure is not to prevent an Individual with a significant financial or other relationship from being involved in the CE activity, but rather to provide the audience with information on which they can make their own judgments. Persons who fail to sign and return this form are not eligible to be involved as an instructor/planner.

CE Activity ANNUAL 30-HOUR PROGRAM IN LOWER EXTREMITY MEDICINE AND SURGERY

Activity Date(s) 4/30/20-5/3/20

Print Name _____ **Email Address** _____

Please indicate your role in this CME activity (check all that applies):

- Instructor/Presenter Moderator Author Activity Director Planning/Approval Committee (members)

Instructors/Presenters/Authors

How do you plan to balance any potential conflicts of interest and keep your presentation free of commercial basis?
(Please check all that apply):

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.
- I will discuss the pros and cons of competing products in my presentation
- I will submit my talk in advance to allow for adequate peer review

Planners/Approval Committee/Activity Director/moderators

- I will ensure that any speakers or content I suggest is independent of commercial bias
- I will recuse myself from planning activity content in which I have a conflict of interest

Disclosure of Relevant Financial Relationships

Relevant financial relationships are those in which an individual (including the individual's spouse/partner) in the last 12 months has had a personal financial (any amount) relationship with a commercial interest producing health care goods or services and/or who also has control over educational content (planning or presenting) about this activity.

- NO**, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report
- YES**, within the past 12 months, I have had either a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation. (Provide information below)

Nature of Financial Relationship	Name of Company (s) and Relationship	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant			
<input type="checkbox"/> Speaker's bureau			
<input type="checkbox"/> Grant/research support (principal investigator or working directly for company/company's agent)			
<input type="checkbox"/> Stock shareholder (self – managed)			
<input type="checkbox"/> Honorarium			
<input type="checkbox"/> Full-time/part-time employee			
<input type="checkbox"/> Other			

If at any time during my presentation I discuss an off-label use of a commercial product/device, I understand that I must provide disclosure of that intent. CPME Standard 5; Requirement 5.4

- NO**, I do not intend to discuss an off-label use of a commercial product(s)/devices (s)
- YES**, I do intend to discuss off-label use of a commercial product (s)/device(s) and agree to inform learners as such
- Not applicable.

I agree to protect patient confidentiality by removing any identifying factors within my presentation and/or materials, CPME Standard 8; Requirement 8.2

- YES**, I agree
- Not applicable, my presentation and/or materials do not include any identifying patient information.

Declaration

I will uphold **AHSJHC and ACLES** continuing medical education standards and guidelines to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development, or presentation of this activity. I understand that continuing education approval guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the approved CE provider or its educational partner. Additional information may be requested to address any perceived conflict of interest. This may include peer review, limiting the scope of the presentation, recommendations based on structure review of best evidence, suggestion of an alternative instructor or planning committee member, on-site monitor, altering the activity design to ensure fair and balanced treatment or topic and/or dissolving the financial relationship. All identified conflicts of interest will be managed and resolved in advance of this activity and disclosure information will be shared with the activity participants.

Signature _____ Date _____

Please fax your replies to 518-692-8939