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**Disclosure of RELEVANT Financial Relationships**

**ATTESTATION STATEMENTS**

**RESOLUTION OF CONFLICT(S) OF INTEREST**

Through joint providership, this activity will be certified for *AMA PRA Category 1 credits*TM by the Southern Medical Association (SMA), an Accreditation Council for Continuing Medical Education (ACCME) accredited provider. As such, SMA is committed to compliance with the Essential Areas and Elements (including the Standards for Commercial Support) and Policies of the ACCME in the development and delivery of the content of this CME activity.

ACCME guidelines mandate that **all individuals participating in the planning or presentation** of accredited continuing medical education (CME) activities must disclose relationships with commercial interests. A commercial interest is defined as an entity producing, marketing or reselling, or distributing health care goods or services consumed by, or used on, patients. If you have received a financial benefit, you must disclose the relationship. For this purpose, we consider the relevant financial relationships of your spouse or partner to be relevant and each should be disclosed.

**Resolution of Conflicts of Interest:** All conflicts of interest will be resolved prior to the activity by various methods depending on your role. For presenters, your PowerPoint Slides or an abstract/outline of the content you will present MUST BE REVIEWED prior to the activity if you have a conflict of interest.

**Activity Title:**

**Activity Start Date:**

**Name:**

**Role in Activity (check all that apply):**

[ ]  Activity Planning Committee/Chair/Co-Chair

[ ]  Invited Lecturer/Speaker/Moderator/Panelist

[ ]  Author of Manuscript, Book, or Enduring Material

[ ]  Content Reviewer

[ ]  Other (specify role):

**Disclosure Instructions**

* Indicate if your content includes a discussion of a commercial product with an unlabeled use or an investigational use not yet approved by the FDA.
* If you do **NOT** have relevant financial relationships to disclose, check the appropriate box below. For this purpose, we consider relevant financial relationships of your spouse or partner that you are aware of to be yours.
* If you DO have relationships with a commercial interest related to your content or your participation in this activity, please complete the grid below, as follows:

**First**, list the name(s) of commercial interests with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. **Second**, describe what you or your spouse/partner received (ex: salary, honorarium, stock, etc). Southern Medical Association **DOES NOT** want to know the amount received. **Third**, describe your role.Attach additional page(s), if necessary.

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| Check Appropriate Box:I **will** [ ]   **will not** [ ]  include a discussion of a commercial product with an unlabeled use or an investigational use not yet approved by the FDA. [ ]  Statement not applicable.[ ]  I and/or my spouse/partner do not have any relevant financial relationships with any commercial interests.[ ]  I and/or my spouse/partner DO have relevant financial relationships with commercial interests (complete below).\* |
|  | **Nature of Relevant Financial Relationship**(Include all those that apply) |
| **Name of Commercial Interest** | **What was received?** | **For what role?** |
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**\*If you declared relevant financial relationships,** your presentation slides or written materials must be peer-reviewed **BEFORE** the activity to resolve the conflict. After content review, you will be notified of concerns (if any) via email prior to the activity so that the conflict can be resolved.

**Read and check each box below**. Your electronic signature indicates your willingness to abide by each of the following attestation statements related to the content delivered during this accredited activity.

[ ]  I have disclosed all relevant financial relationship(s) related to my participation in this activity.
[ ]  The content I will present/plan is well-balanced, evidence-based, and unbiased.
[ ]  Recommendations I will provide involving clinical medicine are 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 my content in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.
[ ]  If I have been trained by or utilized by a commercial entity or its agent as a speaker for the commercial interest, the promotional aspects of my participation are not included in any way with this activity.
[ ]  If research funded by a commercial entity is being presented, the information is based on generally accepted scientific principles and methods and does not promote the commercial interest of the funding company.
[ ]  I have and will not accept any honoraria, additional payments or reimbursements from a commercial entity for my participation in this activity.
[ ]  I understand that my presentation and/or content will be peer-reviewed prior to the activity, and I will provide educational content and resources in advance as requested by the specified deadline.

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

**Conflict of Interest Resolution – Staff/Office Use Only**

**Conflict of Interest Resolution**

**Conflict resolved as follows:**

[ ]  Individual declared no relevant financial relationships; Nothing to resolve.

[ ]  Declared disclosure(s) are not those of an ACCME-defined Commercial Interest; Nothing to resolve.

[ ]  Declared disclosure(s) are not relevant to the content being presented; Nothing to resolve.

**Committee Members/Content Reviewers/Staff/Other Planners with a Conflict**

[ ]  Individual did not participate with the planning or reviews in the conflicted area. Others without a conflict made

 all planning decisions relevant to the conflicted area.

**Participating Speakers/Authors or Co-authors/Discussants/Panelists/Moderators with a Conflict**

[ ]  The educational content was peer-reviewed with consideration of RELEVANT financial relationships disclosed, and upon review, **no commercial bias was detected** in the content. (**Refer to peer-review/content review form**)

[ ]  Individual agreed to limit role of facilitating discussions, introducing presenters, fielding questions, or moderating

 the flow of discussion between participants and presenters with topics in the conflicted area.

[ ]  The educational content was reviewed with consideration of RELEVANT financial relationships disclosed, and upon

 review, **commercial bias was detected and the following action(s) were taken:**

[ ]  Individual contacted and instructed to edit/eliminate areas of concern related to the content

 Date individual contacted:

 Date revised content received and approved:

[ ]  Individual was removed from the activity.

[ ]  Individual was assigned an alternate presentation.

[ ]  Other (explain):

**As an authorized agent, I attest that this conflict was resolved prior to the start date of the activity as stated on this form. Documentation of responses is available upon request.**

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Signature Date